STIC Search Report
EIC 3600

Scientific and Technical Information Center

To: Eliza Squires	From: Heidi Myers
Location: KNX 5B29	Location: EIC3600, KNX 4A70
Art Unit: 3626	Phone: (571) 272-2446
Date: 03/15/2010	heidi.myers@uspto.gov
Case Serial Number: 10/748477	

Search Notes

10/748477
COMPUTERIZED SYSTEM AND METHOD FOR GENERATING AN IMMUNIZATION SCHEDULE IN A HEALTHCARE ENVIRONMENT

Dear Examiner Squires:

Please find attached the results of your search for the above-referenced case. The search was conducted in Dialog.

I have listed *potential* references of interest in the first part of the search results. However, please be sure to scan through the entire report. There may be additional references that you might find useful.

If you have any questions about the search, or need a refocus, please do not hesitate to contact me.

Thank you for using the EIC, and we look forward to your next search!

*EIC-Searcher identified "potential references of interest" are selected based upon their apparent relevance to the terms/concepts provided in the examiner's search request.

I. Potential References of Interest

```
25/3,K/6     (Item 1 from file: 16)
DIALOG(R)File  16:Gale Group PROMT(R)
(c) 2010 Gale/Cengage. All rts. reserv.
09479332    Supplier Number: 83366342  (USE FORMAT 7 FOR FULLTEXT)
FEATURE/Keane Provides Immunization Registry for Ohio Department of Health;
  Provides Physicians Immediate Access to Vaccination Histories.
Business Wire, p2077
March 1, 2002
Language:  English    Record Type:  Fulltext
Document Type: Newswire; Trade
Word Count:   796
```

...   thorough immunization records. In addition, the systems provides a
literal 'shot in the arm' to our communities."
    The system provides physicians with the complete vaccination
history of all patients including adverse events, dates
of last immunization, and missed vaccines. Patient
records are updated real-time and personalized immunization
reports are emailed directly to health care providers. Immunization reports
are compiled online and vaccination scheduling is handled automatically
through reminder notifications sent via email and U.S. mail. The
system can also be easily adapted to include and track immunizations
administered in response to a possible...

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25/3,K/4     (Item 4 from file: 20)
DIALOG(R)File  20:Dialog Global Reporter
(c) 2010 Dialog. All rts. reserv.
08274628  (USE FORMAT 7 OR 9 FOR FULLTEXT)
Pediatric Immunization Management Simplified by PRISM Software
BUSINESS WIRE
November 17, 1999
JOURNAL CODE:  WBWE   LANGUAGE:  English   RECORD TYPE:  FULLTEXT
WORD COUNT:  704
```

    ...CDC, state and federal requirements.
    PRISM, a product of Enterprises Computing Services, Inc. (ECS),
simplifies and enhances immunization management, allowing clinicians to
maximize time with patients while minimizing time performing
record keeping, reporting, and patient scheduling. It
automatically tracks immunizations, calculates due dates, controls vaccine
inventories, and prints all necessary reports and certificates easily. Key
benefits of PRISM Software include streamlining the process of immunization
management; saving valuable staff time and money; helping maintain
regularly scheduled patient visits; maintaining accurate immunization
history; and managing inventory.

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28/5/12     (Item 1 from file: 73)
DIALOG(R)File  73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.
0079625269     EMBASE/Medline No: 2003333343
```

Tracking vaccination rates among HIV-positive patients with a
computerized reminder system

Segarra-Newnham M.
Veterans Affairs Medical Center, 7305 North Military Trail, West Palm
Beach, FL 33410-6400, United States
AUTHOR EMAIL: marisel.segarra-newnham@med.va.gov
CORRESP. AUTHOR/AFFIL: Segarra-Newnham M.: Veterans Affairs Medical
Center, 7305 North Military Trail, West Palm Beach, FL 33410-6400, United States
CORRESP. AUTHOR EMAIL: marisel.segarra-newnham@med.va.gov

Objective: This study determined vaccination rates at a Veterans
Affairs HIV clinic before and after the 1997 implementation of a
computerized reminder system. Methods: Before implementation of a
computerized reminder system, vaccinations were not always recorded
on patients' medical records. After implementation,
vaccinations were documented in the computer record and the system
alerted providers when patients became due for a pneumococcal
vaccine, tetanus booster, or other immunization. Charts for all
patients (n = 211) enrolled in the HIV clinic were assessed for
vaccination dates. Vaccination rates for patients (n = 71)
enrolled before 1997 were compared with rates for patients (n = 140)
enrolled after the computerized system was installed. The new system
enabled the clinical pharmacist to monitor vaccination rates on a
quarterly basis and facilitate patient appointments. Results:
Vaccination rates for patients enrolled before 1997 were 100%
for initial pneumococcal vaccination and 100% for tetanus.
Seventy-six percent of patients due for a pneumococcal vaccine booster had
received it. In contrast, patients enrolled after 1997 had
vaccination rates of 94% for pneumococcal vaccine; eight recently
enrolled patients did not have documentation of vaccination. The clinical pharmacist
scheduled these patients and the rate increased to 97%. Due to a product shortage, only
61% of patients enrolled after 1997 had received tetanus vaccine. Conclusions: A
computerized reminder system allows for reliable tracking of vaccination rates and can
be used by pharmacists to improve preventive care for HIV-positive patients. Overall
vaccination rates were well above the national norm.

DRUG DESCRIPTORS:
Pneumococcus vaccine; tetanus toxoid
MEDICAL DESCRIPTORS:
*Human immunodeficiency virus infection; *medical information system; *vaccination
adult; article; computer program; human; major clinical study; medical
record; patient scheduling; pharmacist; preventive medicine
CAS REGISTRY NO.: 57425-69-1, 93384-51-1 (tetanus toxoid)
SECTION HEADINGS:
  Public Health, Social Medicine and Epidemiology
  Biophysics, Bioengineering and Medical Instrumentation
  Drug Literature Index
  Pharmacy
28/5/1   (Item 1 from file: 2)
DIALOG(R)File   2:INSPEC

06986587
Title: Tools for immunization guideline knowledge maintenance. II.
   Automated Web-based generation of user-customized test cases
Author(s): Miller, P.L.; Frawlwy, S.J.; Brandt, C.; Sayward, F.G.
Author Affiliation: Center for Med. Inf., Yale Univ. Sch. of Med., New
   Haven, CT, USA
Journal: Computers and Biomedical Research, vol.31, no.3, pp.190-208
Publisher: Academic Press
Country of Publication: USA
Publication Date: June 1998
ISSN: 0010-4809
SICI: 0010-4809(199806)31:3L.190:TIGK;1-F
CODEN: CBMRB7
U.S. Copyright Clearance Center Code: 0010-4809/98/$25.00
Language: English
Document Type: Journal Paper (JP)
Treatment: Practical (P)

Abstract: For pt. I, see ibid., vol. 31, pp. 172-89 (1998). IMM/Test (
   IMMunization Testing) is a prototype software tool built to
   generate test cases that can be used to help test and verify the
   internal logic of an immunization forecasting program. A
   forecasting program takes as input a child's immunization
   history and produces recommendations as to which
   vaccinations are due and which should be scheduled next. IMM/Test
   was developed to test a specific immunization forecasting program,
   IMM/Serve. In addition, IMM/Test has been incorporated into a broader
   Web-based tool, IMM/Web, which allows the user (e.g. a member of
   an immunization registry staff) to customize the parameters used
   for immunization forecasting (e.g. the minimum ages for each dose
   and the minimum intervals between doses) to reflect local practice.
   IMM/Web then generates a customized set of test cases that may be used
   to test the user's immunization forecasting program. The user may
   also request that the test cases be automatically passed to IMM/Serve to
   analyze using the newly defined parameters. The paper describes the
   internal design of IMM/Test and IMM/Web and discusses certain lessons
   learned in the implementation of the two programs (17 refs.)
Subfile(s): C (Computing & Control Engineering)
Descriptors: application generators; Internet; knowledge verification;
   medical expert systems; software maintenance; software tools; testing;
   truth maintenance
Identifiers: immunization guideline knowledge maintenance tools;
   World Wide Web-based test case generation; automated user-customized
   test case generation; IMM/Test; prototype software tool; internal
   logic verification; immunization forecasting program; child
   immunization history; vaccination scheduling;
   IMM/Serve; IMM/Web; immunization registry staff; local practice;
   parameter definition; internal design
Classification Codes: C7140 (Medical administration); C6170T (Knowledge
   engineering tools); C7330 (Biology and medical computing); C6115 (
   Programming support); C7210 (Information services and centres)
INSPEC Update Issue: 1998-031
Copyright: 1998, IEE

II. Inventor Search Results from Dialog

```
 15/5/1     (Item 1 from file: 350)
DIALOG(R)File 350:Derwent WPIX
(c) 2010 Thomson Reuters. All rts. reserv.
0019387058  - Drawing available
WPI ACC NO: 2009-M54655/200955
Related WPI Acc No: 2005-511997
Inappropriate live virus combination preventing method for use in computer
system, involves outputting information whether live virus
immunizations constitute inappropriate live virus combination
Patent Assignee: CERNER INNOVATION INC  (CERN-N)
Inventor: GIFFORD T C; GRASSO K L; HORD J M; SHOUP D
  A
Patent Family (1 patents,  1 countries)
Patent                       Application
Number         Kind  Date    Number        Kind   Date    Update
US 20090204425  A1  20090813 US 2009350439   A   20090108  200955  B
                             US 2003748477   A   20031230

Priority Applications (no., kind, date): US 2003748477  A  20031230; US
  2009350439  A  20090108

Patent Details
Number         Kind  Lan   Pg  Dwg  Filing Notes
US 20090204425  A1  EN    21  13   Division of application  US 2003748477
```

Alerting Abstract US A1
NOVELTY - The method involves receiving a set of live virus
immunizations to be administered to a person. A determination is made
whether the live virus immunizations constitute an inappropriate live
virus combination. Information is output whether the live virus
immunizations constitute an inappropriate live virus combination. The
information regarding inappropriate virus combination is obtained from a
database. The immunizations are compared to the information regarding
inappropriate virus combinations.
DESCRIPTION - INDEPENDENT CLAIMS are also included for the following:

1.a system comprising a receiving module
2.a computer-readable medium comprising a set of instructions to receive
  a set of live virus immunizations to be administered to a person.

USE - Method for preventing an inappropriate live virus combination in a
computer system to generate an immunization schedule of a patient in
a healthcare environment.
ADVANTAGE - The method effectively stores the immunization
information for the patient, and creates the dynamic patient-specific
schedule for immunizations. The method effectively prevents the
inappropriate live virus combination from being administered to the person
in the computer system. The method allows the user to record combination
immunization information for separate immunizations.
DESCRIPTION OF DRAWINGS - The drawing shows a flowchart of a computer
program for displaying an immunization schedule for a patient.

Title Terms/Index Terms/Additional Words: INAPPROPRIATE; LIVE; VIRUS;
  COMBINATION; PREVENT; METHOD; COMPUTER; SYSTEM; OUTPUT; INFORMATION; CONSTITUTE

Class Codes
International Classification (+ Attributes)
IPC + Level Value Position Status Version
  G06Q-0050/00 A I F B 20060101
  G06Q-0050/00 C I   B 20060101
US Classification, Current Main: 705-002000
US Classification, Issued: 7052
File Segment: EPI;
DWPI Class: S05; T01
Manual Codes (EPI/S-X): S05-D; T01-E01C; T01-J05A2A; T01-J05B4P; T01-J06A1; T01-S03

 15/5/2   (Item 2 from file: 350)   *****Your case*****
DIALOG(R)File 350:Derwent WPIX
(c) 2010 Thomson Reuters. All rts. reserv.
0015162415 - Drawing available
WPI ACC NO: 2005-511997/200552
Related WPI Acc No: 2009-M54655
Immunization schedule generating method for use in healthcare environment, involves
generating customized immunization schedule for person using information from
electronic medical record of person and immunization schedule
Patent Assignee: GIFFORD T C (GIFF-I); GRASSO K L (GRAS-I); HORD J M
  (HORD-I); SHOUP D A (SHOU-I)
Inventor: GIFFORD T C; GRASSO K L; HORD J M; SHOUP D A
Patent Family (1 patents, 1 countries)
Patent   Application
Number   Kind   Date   Number   Kind   Date   Update
US 20050149352   A1   20050707 US 2003748477   A   20031230 200552 B

Priority Applications (no., kind, date): US 2003748477 A 20031230

Patent Details
Number   Kind Lan   Pg Dwg Filing Notes
US 20050149352   A1   EN   24   13

  Alerting Abstract US A1
  NOVELTY - The method involves receiving a request for an
immunization schedule for a person and obtaining information from an
electronic medical record of the person stored within a comprehensive
healthcare system. A customized immunization schedule for the person
is generated using the information from the record of the person and the
immunization schedule. The customized schedule is displayed.
  DESCRIPTION - INDEPENDENT CLAIMS are also included for the following:

  1.a system in a computerized environment for generating an
    immunization schedule for a person
  2.a computer-readable medium having computer-executable instructions for
    generating an immunization schedule for a person.

  USE - Used for generating an immunization schedule in a healthcare
environment for receiving immunization for polio, measle, mump, rubella, diphtheria,
tetanus, whooping cough, meningitis, chicken pox and hepatitis B.
  ADVANTAGE - The method facilitates for generating the customized
immunization schedule for the person using the information from

electronic medical record of the person and the immunization
schedule, thus preventing set of immunizations from being
administered to a person too early.
  DESCRIPTION OF DRAWINGS - The drawing shows a flowchart for displaying an
immunization schedule for a patient.

Title Terms/Index Terms/Additional Words: IMMUNE; SCHEDULE; GENERATE;
  METHOD; ENVIRONMENT; CUSTOMISATION; PERSON; INFORMATION; ELECTRONIC;
  MEDICAL; RECORD

Class Codes
International Classification (+ Attributes)
IPC + Level Value Position Status Version
  G06Q-0010/00 A I   R 20060101
  G06Q-0010/00 C I   R 20060101
ECLA: G06Q-010/00F4
US Classification, Current Main: 705-002000
US Classification, Issued: 7052
File Segment: EPI;
DWPI Class: S05; T01
Manual Codes (EPI/S-X): S05-G02G2; T01-J05A2B; T01-J06A1; T01-S03

III. <u>Text Search Results from Dialog</u>

A. Patent Files, Abstract

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File 371:French Patents 1961-2002/BOPI 200209
        (c) 2002 INPI.  All rts. reserv.
File 344:Chinese Patents Abs Jan 1985-2006/Jan
        (c) 2006 European Patent Office
File 347:JAPIO Dec 1976-2009/Nov(Updated 100228)
        (c) 2010 JPO & JAPIO
File 350:Derwent WPIX 1963-2010/UD=201017
        (c) 2010 Thomson Reuters


Set     Items    Description
S1        129    (IMMUNI?ATION? OR VACCINATION? OR SHOT OR SHOTS OR INOCULA-
                 TION? OR INNOCULATION?)(5N)(SCHEDULE? OR TIMETABLE? OR CALEND-
                 AR?)
S2         20    S1(12N)(CUSTOMIZ? OR CUSTOMIS? OR PERSONALIZ? OR PERSONALI-
                 S? OR TAILOR? OR INDIVIDUALIZ? OR INDIVIDUALIS? OR GENERAT? OR
                 CREAT? OR BUILD? OR BUILT OR PRODUC?)
S3     687538    (ADMINISTER? OR ADMINISTRATION? OR GIVE? OR GIVING OR GAVE
                 OR APPLY? OR APPLIE? OR APPLICATION? OR  INJECT? OR PERFORM?)-
                 (6N)(SHOT OR SHOTS OR INJECTION OR INJECTIONS OR SPRAY OR SPR-
                 AYS OR VACCINE OR VACCINES) OR INOCULAT? OR INNOCULAT? OR IMM-
                 UNIZ? OR IMMUNIS? OR VACCINAT?
S4      13825    S3(8N)(PRESENT OR PRESENTLY OR CURRENT OR CURRENTLY OR TOD-
                 AY)
S5      18986    S3(8N)(PAST OR PRIOR OR PREVIOUS? OR BEFORE OR EARLIER)
S6    2847262    APPROV? OR OKAY? OR OK OR ALLOW? OR SAFE? OR "NOT"(2W)(EAR-
                 LY OR SOON OR DANGEROUS OR PROBLEM)
S7     289193    WARN? OR ALERT? OR NOTIF? OR CAUTION? OR ADVIS? OR APPRIS?
S8      13233    (PATIENT OR PATIENTS OR PERSON OR PERSONS OR CHILD OR CHIL-
                 DREN OR ADULT OR ADULTS OR INDIVIDUAL OR INDIVIDUALS)(5N)(REC-
                 ORD OR RECORDS OR EMR OR EMRS OR EHR OR EHRS OR HISTORY OR HI-
                 STORIES OR CHART OR CHARTS OR DOCUMENT?)
S9          9    AU=( GRASSO K? OR GRASSO, K? OR GRASSO (2N)(K OR KAY))
S10        13    AU=( GIFFORD T? OR GIFFORD, T? OR GIFFORD (2N)(T OR THOMAS-
                 ))
S11         5    AU=( HORD J? OR HORD, J? OR HORD (2N)(J OR MARK))
S12        13    AU=( SHOUP D? OR SHOUP, D? OR SHOUP(2N)(D OR ALLAN))
S13         2    S9 AND S10 AND S11 AND S12
S14        33    S9:S12
S15         2    S14 AND S3
S16         6    S2 AND (S4:S8)
S17        46    S1 AND (S4:S8)
S18         9    S17 AND IC=(G06F-017/60 OR G06F-0017/60 OR G06Q-010/00 OR -
                 G06Q-0010/00 OR G06Q-050/00 OR G06Q-0050/00)
S19         4    S17 AND EC=G06Q-010/00F4
S20         1    S17 AND MC=(S05-G02G2 AND T01-J05A2B AND T01-J06A1 AND  T0-
                 1-S03)
S21         4    S2 AND IC=(G06F-017/60 OR G06F-0017/60 OR G06Q-010/00 OR G-
                 06Q-0010/00 OR G06Q-050/00 OR G06Q-0050/00)
S22         2    S2 AND EC=G06Q-010/00F4
S23         1    S2 AND MC=(S05-G02G2 AND T01-J05A2B AND T01-J06A1 AND  T01-
                 -S03)
S24        60    S16 OR S17 OR S2
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S25      15   S24 AND IC=(G06Q OR G06F)
S26      11   S24 AND MC=(S05-D OR T01-E01C OR T01-J05A2A OR T01-J05B4P -
              OR T01-J06A1 OR T01-S03)
S27       9   S26 AND IC=(G06F OR G06Q)
S28      15   S25 OR S27
S29      12   S1 AND IC=(G06F-017/60 OR G06F-0017/60 OR G06Q-010/00 OR G-
              06Q-0010/00 OR G06Q-050/00 OR G06Q-0050/00)
S30      17   S28 OR S29
S31       2   S30 AND AY<2003
S32       3   S30 NOT AY>2003
S33       4   S31 OR S32
S34     756   S3(30N)(SCHEDUL? OR TIMETABL? OR CALENDAR?)
S35      37   S34 AND IC=(G06F-017/60 OR G06F-0017/60 OR G06Q-010/00 OR -
              G06Q-0010/00 OR G06Q-050/00 OR G06Q-0050/00)
S36     206   S34 AND (S4:S8)
S37      18   S36 AND IC=(G06F-017/60 OR G06F-0017/60 OR G06Q-010/00 OR -
              G06Q-0010/00 OR G06Q-050/00 OR G06Q-0050/00)
S38       4   S36 AND EC=G06Q-010/00F4
S39       1   S36 AND MC=(S05-G02G2 AND T01-J05A2B AND T01-J06A1 AND  T0-
              1-S03)
S40      12   S36 AND MC=(S05-G02G2 OR T01-J05A2B OR T01-J06A1 OR T01-S0-
              3)
S41      14   S36 AND MC=(S05-D OR T01-E01C OR T01-J05A2A OR T01-J05B4P -
              OR T01-J06A1 OR T01-S03)
S42      13   (S40 OR S41) AND IC=(G06Q OR G06F)
S43      23   S37 OR S38 OR S42
S44       9   S43 AND AY<2004
S45       7   S43 NOT AY>2003
S46       4   S30 AND AY<2004
S47      12   S32 OR S44 OR S45 OR S46


  47/5/3    (Item 1 from file: 350)
DIALOG(R)File 350:Derwent WPIX
(c) 2010 Thomson Reuters. All rts. reserv.
0019387058  - Drawing available
WPI ACC NO: 2009-M54655/200955
Related WPI Acc No: 2005-511997
Inappropriate live virus combination preventing method for use in computer
system, involves outputting information whether live virus immunizations
constitute inappropriate live virus combination
Patent Assignee: CERNER INNOVATION INC  (CERN-N)
Inventor: GIFFORD T C; GRASSO K L; HORD J M; SHOUP D A
Patent Family (1 patents,  1 countries)
Patent                      Application
Number          Kind  Date  Number          Kind   Date     Update
US 20090204425  A1  20090813 US 2009350439   A  20090108  200955  B
                             US 2003748477   A  20031230

Priority Applications (no., kind, date): US 2003748477  A  20031230; US
  2009350439  A  20090108


Patent Details
Number          Kind  Lan  Pg  Dwg  Filing Notes
US 20090204425  A1  EN   21   13  Division of application  US 2003748477

  Alerting Abstract US A1
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NOVELTY - The method involves receiving a set of live virus immunizations
to be administered to a person. A determination is made whether the live
virus immunizations constitute an inappropriate live virus combination.
Information is output whether the live virus immunizations constitute an
inappropriate live virus combination. The information regarding
inappropriate virus combination is obtained from a database. The
immunizations are compared to the information regarding inappropriate virus
combinations.
  DESCRIPTION - INDEPENDENT CLAIMS are also included for the following:

  1. a system comprising a receiving module
  2. a computer-readable medium comprising a set of instructions to receive
     a set of live virus immunizations to be administered to a person.

  USE - Method for preventing an inappropriate live virus combination in a
computer system to generate an immunization schedule of a
patient in a healthcare environment.
  ADVANTAGE - The method effectively stores the immunization
information for the patient, and creates the dynamic patient-specific
schedule for immunizations. The method effectively prevents the
inappropriate live virus combination from being administered to the person
in the computer system. The method allows the user to record
combination immunization information for separate immunizations.
  DESCRIPTION OF DRAWINGS - The drawing shows a flowchart of a computer
program for displaying an immunization schedule for a patient.

Title Terms/Index Terms/Additional Words: INAPPROPRIATE; LIVE; VIRUS;
  COMBINATION; PREVENT; METHOD; COMPUTER; SYSTEM; OUTPUT; INFORMATION; CONSTITUTE

Class Codes
International Classification (+ Attributes)
IPC + Level Value Position Status Version
  G06Q-0050/00 A I F B 20060101
  G06Q-0050/00 C I   B 20060101
US Classification, Current Main: 705-002000
US Classification, Issued: 7052
File Segment: EPI;
DWPI Class: S05; T01
Manual Codes (EPI/S-X): S05-D; T01-E01C; T01-J05A2A; T01-J05B4P; T01-J06A1; T01-S03

 47/5/4   (Item 2 from file: 350)   *****Your case*****
DIALOG(R)File 350:Derwent WPIX
(c) 2010 Thomson Reuters. All rts. reserv.
0015162415 - Drawing available
WPI ACC NO: 2005-511997/200552
Related WPI Acc No: 2009-M54655
Immunization schedule generating method for use in healthcare environment,
involves generating customized immunization schedule for person using
information from electronic medical record of person and immunization schedule
Patent Assignee: GIFFORD T C (GIFF-I); GRASSO K L (GRAS-I); HORD J M
  (HORD-I); SHOUP D A (SHOU-I)
Inventor: GIFFORD T C; GRASSO K L; HORD J M; SHOUP D A
Patent Family (1 patents, 1 countries)
Patent   Application
Number   Kind   Date   Number   Kind   Date   Update
US 20050149352 A1 20050707 US 2003748477   A   20031230 200552 B

Priority Applications (no., kind, date): US 2003748477 A 20031230

Patent Details
Number   Kind Lan   Pg Dwg Filing Notes
US 20050149352   A1 EN   24   13
  Alerting Abstract US A1
  NOVELTY - The method involves receiving a request for an
immunization schedule for a person and obtaining information from an
electronic medical record of the person stored within a comprehensive
healthcare system. A customized immunization schedule for the person is
generated using the information from the record of the
person and the immunization schedule. The customized schedule is displayed.
  DESCRIPTION - INDEPENDENT CLAIMS are also included for the following:

  1.a system in a computerized environment for generating an
    immunization schedule for a person
  2.a computer-readable medium having computer-executable instructions for
    generating an immunization schedule for a person.

  USE - Used for generating an immunization schedule in a
healthcare environment for receiving immunization for polio, measle,
mump, rubella, diphtheria, tetanus, whooping cough, meningitis, chicken pox
and hepatitis B.
  ADVANTAGE - The method facilitates for generating the customized
immunization schedule for the person using the information from
electronic medical record of the person and the immunization schedule, thus preventing
set of immunizations from being administered to a person too early.
  DESCRIPTION OF DRAWINGS - The drawing shows a flowchart for displaying an
immunization schedule for a patient.

Title Terms/Index Terms/Additional Words: IMMUNE; SCHEDULE; GENERATE;
  METHOD; ENVIRONMENT; CUSTOMISATION; PERSON; INFORMATION; ELECTRONIC;
  MEDICAL; RECORD

Class Codes
International Classification (+ Attributes)
IPC + Level Value Position Status Version
  G06Q-0010/00 A I   R 20060101
  G06Q-0010/00 C I   R 20060101
ECLA: G06Q-010/00F4
US Classification, Current Main: 705-002000
US Classification, Issued: 7052
File Segment: EPI;
DWPI Class: S05; T01
Manual Codes (EPI/S-X): S05-G02G2; T01-J05A2B; T01-J06A1; T01-S03

 47/5/12   (Item 10 from file: 350)
DIALOG(R)File 350:Derwent WPIX
(c) 2010 Thomson Reuters. All rts. reserv.
0007074687
WPI ACC NO: 1995-098580/199513
XRAM Acc No: C1995-044859
XRPX Acc No: N1995-077843
Immunising mammals at early age - to protect against infection and to

reduce incidence or severity of chronic auto-immune disease, esp. diabetes
Patent Assignee: CLASSEN IMMUNOTHERAPIES INC (CLAS-N); CLASSEN J B (CLAS-I)
Inventor: CLASSEN J B
Patent Family (10 patents, 49 countries)

Patent Number	Kind	Date	Application Number	Kind	Date	Update	
WO 1995005193	A1	19950223	WO 1994US8825	A	19940804	199513	B
AU 199476300	A	19950314	AU 199476300	A	19940804	199525	E
EP 716612	A1	19960619	EP 1994926476	A	19940804	199629	E
			WO 1994US8825	A	19940804		
US 5723283	A	19980303	US 1993104529	A	19930812	199816	E
			WO 1994US8825	A	19940804		
			US 1995450586	A	19950531		
US 5728385	A	19980317	US 1993104529	A	19930812	199818	E
US 6420139	B1	20020716	US 1993104529	A	19930812	200254	E
			WO 1994US8825	A	19940804		
			US 1996591651	A	19960212		
			US 2000611415	A	20000706		
US 20020155436	A1	20021024	US 1993104529	A	19930812	200273	E
			WO 1994US8825	A	19940804		
			US 1996591651	A	19960212		
			US 2000611415	A	20000706		
			US 2002124363	A	20020418		
US 6638739	B2	20031028	US 1993104529	A	19930812	200372	E
			WO 1994US8825	A	19940804		
			US 1996591651	A	19960212		
			US 2000611415	A	20000706		
			US 2002124363	A	20020418		
US 7008790	B1	20060307	US 1993104529	A	19930812	200618	E
			WO 1994US8825	A	19940804		
			US 1996591651	A	19960212		
			US 2000660584	A	20000912		
US 20070237782	A1	20071011	US 1993104529	A	19930812	200768	E
			WO 1994US8825	A	19940804		
			US 1996591651	A	19960212		
			US 2000660584	A	20000912		
			US 2005219890	A	20050907		

Priority Applications (no., kind, date): US 1993104529 A 19930812; WO
  1994US8825 A 19940804; US 1995450586 A 19950531; US 1996591651 A
  19960212; US 2000611415 A 20000706; US 2000660584 A 20000912; US
  2002124363 A 20020418; US 2005219890 A 20050907

Patent Details

Number	Kind	Lan	Pg	Dwg	Filing Notes
WO 1995005193	A1	EN	121	3	

National Designated States,Original: AT AU BB BG BR BY CA CH CN CZ DE DK
   ES FI GB HU JP KP KR KZ LK LU LV MG MN MW NL NO NZ PL PT RO RU SD SE SI
   SK TT UA US UZ VN
Regional Designated States,Original: AT BE CH DE DK ES FR GB GR IE IT LU
   MC NL OA PT SE

AU 199476300	A	EN		Based on OPI patent	WO 1995005193
EP 716612	A1	EN	0	PCT Application	WO 1994US8825
				Based on OPI patent	WO 1995005193

Regional Designated States,Original: AT BE CH DE DK ES FR GB GR IE IT LI
   LU MC NL PT SE

US 5723283	A	EN		C-I-P of application	US 1993104529

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                                   Division of application  WO 1994US8825
US 5728385        A    EN    29    2
US 6420139        B1   EN               C-I-P of application  US 1993104529
                                        Continuation of application  WO    1994US8825
                                        Continuation of application  US    1996591651
                                        C-I-P of patent   US 5728385
US 20020155436    A1   EN               C-I-P of application  US 1993104529
                                        Continuation of application  WO    1994US8825
                                        Continuation of application  US    1996591651
                                        Continuation of application  US    2000611415
                                        C-I-P of patent   US 5728385
US 6638739        B2   EN               Continuation of application  US    1993104529
                                        Continuation of application  WO    1994US8825
                                        Continuation of application  US    1996591651
                                        Continuation of application  US    2000611415
                                        Continuation of patent   US 5728385
                                        Continuation of patent   US 6420139
US 7008790        B1   EN               C-I-P of application  US 1993104529
                                        Continuation of application  WO    1994US8825
                                        Continuation of application  US    1996591651
                                        C-I-P of patent   US 5728385
US 20070237782    A1   EN               C-I-P of application  US 1993104529
                                        Continuation of application  WO    1994US8825
                                        Continuation of application  US    1996591651
                                        Continuation of application  US    2000660584
                                        C-I-P of patent   US 5728385
                                        Continuation of patent   US 7008790
```

  Alerting Abstract WO A1
  A mammal, <96 months of age, is immunised against >=1 infectious
disease and >=1chronic immune-mediated disorder by admin. of >=1 immunogen
(A) according to a specific time schedule with the first dose given
before 42 days from birth. The immune response generated protects against
the infectious disease and reduces the incidence or severity of the immune
disorder. (A) opt. includes >=1 immunogen other than BCG. Also new are: (1)
immunogenic compsn. contg. both a paediatric and a non-paediatric
immunogen; (2) method for determining if an immunisation
schedule will alter incidence/severity of an immune disorder by
applying to it a gp. of animals and comparing incidence/severity of the
disorder with a control gp., and (3) use of a glucocorticoid hormone (or
analogue or substance that induces its release) to reduce the risk that admin. of a
vaccine will increase incidence/severity of an immune-mediated disorder.
  ADVANTAGE - Immunisation at an early age reduces incidence esp. of
diabetes mellitus and systemic lupus erythematosus by >=10 (esp. >=50)%.
This contracts with vaccination at a later time which may induce such
conditions. It is suggested that early immunisation causes release of
lymphokines that accelerate maturation of the immune system.

```
Title Terms/Index Terms/Additional Words: IMMUNE; MAMMAL; EARLY; AGE;
   PROTECT; INFECT; REDUCE; INCIDENCE; SEVERE; CHRONIC; AUTO; DISEASE;  DIABETES
Class Codes
International Classification (+ Attributes)
IPC + Level Value Position Status Version
  A61K-0039/00  A  I  F  B  20060101         A61K-0039/295  A  I    B  20060101
  A61K-0039/116  A  I  L  B  20060101        A61K-0039/295  A  I       R  20060101
  A61K-0039/12  A  I  L  B  20060101         A61K-0039/44  A  I  L  B  20060101
  A61K-0039/165  A  I  L  B  20060101        C12N-0005/00  A  I  F  B  20060101
```

```
   G06Q-0050/00  A  I  L  B  20060101           A61K-0039/295  C  I  L  B  20060101
   A61K-0039/00  C  I  F  B  20060101           A61K-0039/295  C  I      R  20060101
   A61K-0039/116  C  I  L  B  20060101           A61K-0039/44  C  I  L  B  20060101
   A61K-0039/12  C  I  L  B  20060101            C12N-0005/00  C  I  L  B  20060101
   A61K-0039/155  C  I  L  B  20060101           G06Q-0050/00  C  I  L  B  20060101
ECLA: A61K-0039/295
ICO:  K61K-039:545
US Classification, Current Main: 424-185100, 435-004000, 435-005000,
435-069300; Secondary: 424-184100, 424-201100, 424-202100, 424-203100,
424-204100, 424-212100, 424-217100, 424-224100, 424-234100, 424-254100,
435-007100, 435-325000, 705-002000
US Classification, Issued: 4355, 424201.1, 424184.1, 424202.1, 424224.1,
   424254.1, 424185.1, 424204.1, 7052, 4354, 424184.1, 424204.1, 424234.1,
   424201.1, 424184.1, 424202.1, 424203.1, 424212.1, 424217.1, 424218.1,
   424219.1, 424227.1, 424228.1, 424230.1, 424233.1, 424234.1,
   424244.1, 424245.1, 424246.1, 424247.1, 424249.1, 424254.1, 424258.1,
   424261.1, 43569.3, 424184.1, 424201.1, 424202.1, 424203.1, 424212.1,
   424217.1, 43569.3, 4357.1, 435325, 435325, 424184.1, 424201.1, 424202.1,
   424203.1, 424212.1, 424217.1, 424218.1

File Segment: CPI; EPI
DWPI Class: B04; D16; S03
Manual Codes (EPI/S-X): S03-E14H4
Manual Codes (CPI/A-M): B04-B04C; B04-J02; B14-S11; D05-H07; D05-H09
```

B. Patent Files, Full-Text

```
File 349:PCT FULLTEXT 1979-2010/UB=20100304|UT=20100225
        (c) 2010 WIPO/Thomson
File 348:EUROPEAN PATENTS 1978-201010
        (c) 2010 European Patent Office

Set    Items    Description
S1      3632    (IMMUNI?ATION? OR VACCINATION? OR SHOT OR SHOTS OR INOCULA-
                TION? OR INNOCULATION?)(5N)(SCHEDUL? OR TIMETABLE? OR CALENDA-
                R? OR PLAN OR PLANS)
S2       435    S1(12N)(CUSTOMIZ? OR CUSTOMIS? OR PERSONALIZ? OR PERSONALI-
                S? OR TAILOR? OR INDIVIDUALIZ? OR INDIVIDUALIS? OR GENERAT? OR
                CREAT? OR BUILD? OR BUILT OR PRODUC? OR DEVELOP?)
S3    504288    (ADMINISTER? OR ADMINISTRATION? OR GIVE? OR GIVING OR GAVE
                OR APPLY? OR APPLIE? OR APPLICATION? OR  INJECT? OR PERFORM?)-
                (6N)(SHOT OR SHOTS OR INJECTION OR INJECTIONS OR SPRAY OR SPR-
                AYS OR VACCINE OR VACCINES) OR INOCULAT? OR INNOCULAT? OR IMM-
                UNIZ? OR IMMUNIS? OR VACCINAT?
S4     65777    S3(8N)(PRESENT OR PRESENTLY OR CURRENT OR CURRENTLY OR TOD-
                AY)
S5     69557    S3(8N)(PAST OR PRIOR OR PREVIOUS? OR BEFORE OR EARLIER)
S6   1866716    APPROV? OR OKAY? OR OK OR ALLOW? OR SAFE? OR APPROPRIATE OR
                 "NOT"(2W)(EARLY OR SOON OR DANGEROUS OR PROBLEM OR INAPPROP-
                RIATE)
S7    248834    WARN? OR ALERT? OR NOTIF? OR CAUTION? OR ADVIS? OR APPRIS?
S8    132452    (PATIENT OR PATIENTS OR PERSON OR PERSONS OR CHILD OR CHIL-
                DREN OR ADULT OR ADULTS OR INDIVIDUAL OR INDIVIDUALS OR INFANT
                 OR INFANTS OR BABY OR BABIES)(5N)(RECORD OR RECORDS OR EMR OR
                 EMRS OR EHR OR EHRS OR HISTORY OR HISTORIES OR CHART OR CHAR-
```

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                TS OR DOCUMENT? OR INFORMATION)
S9        6    AU=( GRASSO K? OR GRASSO, K? OR GRASSO (2N)(K OR KAY))
S10       2    AU=( GIFFORD T? OR GIFFORD, T? OR GIFFORD (2N)(T OR THOMAS-
               ))
S11       0    AU=( HORD J? OR HORD, J? OR HORD (2N)(J OR MARK))
S12       10   AU=( SHOUP D? OR SHOUP, D? OR SHOUP(2N)(D OR ALLAN))
S13       18   S9:S12
S14       1    S13 AND S3
S15       241  S2 AND S3 AND (S5 OR S8)
S16       239  S15 AND (S4 OR S6 OR S7)
S17       3    S16 AND IC=(G06F-017/60 OR G06F-0017/60 OR G06Q-010/00 OR -
               G06Q-0010/00 OR G06Q-050/00 OR G06Q-0050/00)
S18       7    S16 AND IC=(G06Q OR G06F)
S19       384  S2(S)S3
S20       45   S19(S)(S5 OR S8)
S21       4    S20 AND IC=(G06Q OR G06F)
S22       58   S1(S)S5(S)(S6 OR S7)
S23       4    S22 AND IC=(G06Q OR G06F)
S24       9    S18 OR S21 OR S23
S25       4    S24 NOT AD=20031231:20100315/PR


 25/3,K/3     (Item 3 from file: 349)
DIALOG(R)File 349:PCT FULLTEXT
(c) 2010 WIPO/Thomson. All rts. reserv.
00875726
IDENTIFYING  ANTIGEN  CLUSTERS  FOR  MONITORING A GLOBAL STATE OF AN IMMUNE
    SYSTEM
IDENTIFICATION  DE  GROUPES  D'ANTIGENES  PERMETTANT  DE  CONTROLER  L'ETAT
    GENERAL D'UN SYSTEME IMMUNITAIRE
Patent Applicant/Assignee:
  YEDA RESEARCH AND DEVELOPMENT CO LTD, At The Weizmann Institute of
    Science, P.O. Box 95, 76100 Rehovot, IL, IL (Residence), IL
    (Nationality), (For all designated states except: US)
Patent Applicant/Inventor:
  COHEN Irun R, Hankin Street 11, 76354 Rehovot, IL, IL (Residence), IL
    (Nationality), (Designated only for: US)
  DOMANY Eytan, Meonot Shine 10, The Weizmann Institute of Science, 76100
    Rehovot, IL, IL (Residence), IL (Nationality), (Designated only for:
    US)
  QUINTANA Fransisco J, 1831 "1H" Tte. Benjamin Matienzo, 1426 Capital
    Federal, AR, AR (Residence), AR (Nationality), (Designated only for:    US)
  HED Guy, Yosef Eliahu Street 9/7, 64074 Tel Aviv, IL, IL (Residence), IL
    (Nationality), (Designated only for: US)
  GETZ Gad, Geulei Teiman Street 5, 34991 Haifa, IL, IL (Residence), IL
    (Nationality), (Designated only for: US)
Legal Representative:
  G E EHRLICH (1995) LTD (agent), Bezalel Street 28, 52521 Ramat Gan, IL,
Patent and Priority Information (Country, Number, Date):
  Patent:              WO 200208755 A2-A3 20020131 (WO 0208755)
  Application:         WO 2001IL660 20010718  (PCT/WO IL0100660)
  Priority Application: IL 137460 20000724
Designated States:
(Protection type is "patent" unless otherwise stated - for applications
prior to 2004)
  AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CO CR CU CZ DE DK DM DZ
```

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   EC EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR
   LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ PL PT RO RU SD SE SG SI SK SL
   TJ TM TR TT TZ UA UG US UZ VN YU ZA ZW
   (EP) AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE TR
   (OA) BF BJ CF CG CI CM GA GN GQ GW ML MR NE SN TD TG
   (AP) GH GM KE LS MW MZ SD SL SZ TZ UG ZW
   (EA) AM AZ BY KG KZ MD RU TJ TM
Publication Language: English
Filing Language: English
Fulltext Word Count: 17925
Main International Patent Class (v7): G06F-019/00
Fulltext Availability:
   Detailed Description
```

Detailed Description

... markers that will enable the physician to monitor the response of the
   immune system to various treatments designed to arrest chronic
   inflammation and autoimmune diseases, vaccinate against infectious
   agents, or effect the immunotherapy of cancer.

   Immune diagnosis and immune monitoring require ways to ascertain the
   state of an individual's immune system, and to record the
   dynamic evolution of changes induced by the various therapeutic
   interventions. Tools for diagnosis and monitoring are, likely to require
   the integration of large amounts...

...the recognition of one or another antigen.

   Third, individual persons, because of their genetic make-up and their
   varying immune histories are likely to require individualized
   therapies. The type, amount and schedule of immune regulation or vaccination
   must be tailored to the needs of the individual.

   Thus, the complexity of the immune system is such that one must
   develop bio-informatic methods that will allow a physician to
   monitor
   conveniently the global state of the patient's immune system in health,
   disease and therapeutic intervention. Such a novel approach is...
   subtraction, natural autoantibodies present. in healthy individuals were
   differentiated from disease-associated autoantibodies. This method is,
   however, limited to a few antigens and it does not solve the
   problem of variation among different experiments which is inherent to blot
   techniques....

```
 25/3,K/4     (Item 4 from file: 349)
DIALOG(R)File 349:PCT FULLTEXT
(c) 2010 WIPO/Thomson. All rts. reserv.
00731966     **Image available**
METHOD  AND  APPARATUS FOR DYNAMICALLY GENERATING A USER PRESENTATION BASED
    ON DATABASE STORED RULES
PROCEDE  ET  DISPOSITIF DE GENERATION DYNAMIQUE DE PRESENTATION UTILISATEUR
    EN S'APPUYANT SUR DES REGLES STOCKEES EN BASE DE DONNEES
Patent Applicant/Assignee:
   VIDIMEDIX CORPORATION, Building 2, Suite 540, 1250 Capital of Texas
      Highway South, Austin, TX 78746, US, US (Residence), US (Nationality),
```

```
     (For all designated states except: US)
Patent Applicant/Inventor:
  AINSWORTH John Patrick, 11388 Ironwood Road, San Diego, CA 92131, US, US
     (Residence), US (Nationality), (Designated only for: US)
  CHO Young Sang, 2658 Sawgrass Street, El Cajon, CA 92019, US, US
     (Residence), US (Nationality), (Designated only for: US)
  HUETER Geoffrey James, 1844 Penasco Road, El Cajon, CA 92019, US, US
     (Residence), US (Nationality), (Designated only for: US)
  QUANDT Steven Charles, 158 Rodney Avenue, Encinitas, CA 92024, US, US
     (Residence), US (Nationality), (Designated only for: US)
  SCHULTES Helen Ann, 4498 Exbury Court, San Diego, CA 92130, US, US
     (Residence), US (Nationality), (Designated only for: US)
Legal Representative:
  FARIS Philip W Jr, Vidimedix Corporation, Building Two, Suite 540, 1250
     Capital of Texas Highway South, Austin, TX 78746, US
Patent and Priority Information (Country, Number, Date):
  Patent:                WO 200045301 A1 20000803 (WO 0045301)
  Application:           WO 2000US1839 20000125  (PCT/WO US0001839)
  Priority Application: US 99240048 19990129
Designated States:
(Protection type is "patent" unless otherwise stated - for applications
prior to 2004)
  AE AL AM AT AU AZ BA BB BG BR BY CA CH CN CR CU CZ DE DK DM EE ES FI GB
  GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MA
  MD MG MK MN MW MX NO NZ PL PT RO RU SD SE SG SI SK SL TJ TM TR TT TZ UA
  UG US UZ VN YU ZA ZW
  (EP) AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE
  (OA) BF BJ CF CG CI CM GA GN GW ML MR NE SN TD TG
  (AP) GH GM KE LS MW SD SL SZ TZ UG ZW
  (EA) AM AZ BY KG KZ MD RU TJ TM
Publication Language: English
Filing Language: English
Fulltext Word Count: 22440

Main International Patent Class (v7): G06F-017/30
Fulltext Availability:
  Detailed Description

Detailed Description
...  group G2;
  If ENTRY new pediatric patient", create all basic pediatric forms for
  the clinic (Fl[new patient form], F2[growth chart],, FN), with the
  appropriate data of the patient added to the forms, and calculate
  dates for inoculations for state, federal,, or health plan
  mandated/supported inoculations based on the patient"s age, prior
  inoculations, and the insured"s health plan; and
  Provide selection of a mammogram lab test only if the patient is of
  ""female"" ""X years"" < AGE < ""Y years"" MASTECTOMY
  GENDER= f 11
  "no" and the patient's medical plan (per the insured) allows an
  exam  I
  without explicit approval per the time since the patients last
  mammogram; AND create an instance of the reporting form F1 to the
  medical plan with the appropriate patient data and forward it to
  INSUR CO per INSUR-CO-COMMUNICATIONS-METHOD
  and the lab request F2 to LAB supported under the -insured's...
...Cn based on priority at the point where
```

```
the results from the lab are R1 --> Rn, but not R6, and in the case of
R6,, alert clinician C2 that the patient is to be informed via
email if  EMAIL = ""enabled"' and/or phone if PHONE-NOTIFICATION
"on" and/or by mail if MAIL NOTIFICATION = ""on""....
```

IV. Text Search Results from Dialog

A. NPL Files, Abstract

```
File  35:Dissertation Abs Online 1861-2010/Feb
        (c) 2010 ProQuest Info&Learning
File 474:New York Times Abs 1969-2010/Mar 13
        (c) 2010 The New York Times
File 475:Wall Street Journal Abs 1973-2010/Mar 15
        (c) 2010 The New York Times
File 583:Gale Group Globalbase(TM) 1986-2002/Dec 13
        (c) 2002 Gale/Cengage
File  65:Inside Conferences 1993-2010/Mar 15
        (c) 2010 BLDSC all rts. reserv.
File  99:Wilson Appl. Sci & Tech Abs 1983-2010/Jan
        (c) 2010 The HW Wilson Co.
File 256:TecTrends 1982-2010/Mar W1
        (c) 2010 Info.Sources Inc. All rights res.
File   2:INSPEC 1898-2010/Mar W1
        (c) 2010 The IET
File   5:Biosis Previews(R) 1926-2010/Mar W1
        (c) 2010 The Thomson Corporation
File  73:EMBASE 1974-2010/Mar 15
        (c) 2010 Elsevier B.V.
File 144:Pascal 1973-2010/Feb W4
        (c) 2010 INIST/CNRS
File 155:MEDLINE(R) 1950-2010/Mar 12
        (c) format only 2010 Dialog
File 162:Global Health 1983-2010/Mar W1
        (c) 2010 CAB International
File 164:Allied & Complementary Medicine 1984-2010/Mar
         (c) 2010 BLHCIS
File  74:Int.Pharm.Abs 1970-2010/Nov B2
        (c) 2010 The Thomson Corporation
File  42:Pharm. News Index 1974-2010/Jan W5
        (c) 2010 ProQuest Info&Learning
File  34:SciSearch(R) Cited Ref Sci 1990-2010/Mar W1
        (c) 2010 The Thomson Corp
File 434:SciSearch(R) Cited Ref Sci 1974-1989/Dec
        (c) 2006 The Thomson Corp


Set    Items    Description
S1     20052    (IMMUNI?ATION? OR VACCINATION? OR SHOT OR SHOTS OR INOCULA-
                TION? OR INNOCULATION?)(5N)(SCHEDUL? OR TIMETABLE? OR CALENDA-
                R? OR PLAN OR PLANS)
S2      1308    S1(12N)(CUSTOMIZ? OR CUSTOMIS? OR PERSONALIZ? OR PERSONALI-
                S? OR TAILOR? OR INDIVIDUALIZ? OR INDIVIDUALIS? OR GENERAT? OR
                CREAT? OR BUILD? OR BUILT OR PRODUC? OR DEVELOP?)
S3   3265967    (ADMINISTER? OR ADMINISTRATION? OR GIVE? OR GIVING OR GAVE
                OR APPLY? OR APPLIE? OR APPLICATION?  OR  INJECT? OR PERFORM?)-
                (6N)(SHOT OR SHOTS OR INJECTION OR INJECTIONS OR SPRAY OR SPR-
                AYS OR VACCINE OR VACCINES) OR INOCULAT? OR INNOCULAT? OR IMM-
                UNIZ? OR IMMUNIS? OR VACCINAT?
```

```
S4       83535   S3(8N)(PRESENT OR PRESENTLY OR CURRENT OR CURRENTLY OR TOD-
                 AY)
S5      200310   S3(8N)(PAST OR PRIOR OR PREVIOUS? OR BEFORE OR EARLIER)
S6     7701837   APPROV? OR OKAY? OR OK OR ALLOW? OR SAFE? OR APPROPRIATE OR
                 "NOT"(2W)(EARLY OR SOON OR DANGEROUS OR PROBLEM OR INAPPROP-
                 RIATE)
S7      756236   WARN? OR ALERT? OR NOTIF? OR CAUTION? OR ADVIS? OR APPRIS?
S8      929126   (PATIENT OR PATIENTS OR PERSON OR PERSONS OR CHILD OR CHIL-
                 DREN OR ADULT OR ADULTS OR INDIVIDUAL OR INDIVIDUALS OR INFANT
                 OR INFANTS OR BABY OR BABIES)(5N)(RECORD OR RECORDS OR EMR OR
                 EMRS OR EHR OR EHRS OR HISTORY OR HISTORIES OR CHART OR CHAR-
                 TS OR DOCUMENT? OR INFORMATION)
S9          27   AU=( GRASSO K? OR GRASSO, K? OR GRASSO (2N)(K OR KAY))
S10         54   AU=( GIFFORD T? OR GIFFORD, T? OR GIFFORD (2N)(T OR THOMAS-
                 ))
S11        163   AU=( HORD J? OR HORD, J? OR HORD (2N)(J OR MARK))
S12        150   AU=( SHOUP D? OR SHOUP, D? OR SHOUP(2N)(D OR ALLAN))
S13          0   S9 AND S10 AND S11 AND S12
S14        394   S9:S12
S15         44   S14 AND S3
S16          0   S15 AND (SCHEDUL? OR TIMETABL? OR CALENDAR? OR PLAN? OR DA-
                 TE OR DATES)
S17          0   S14 AND S1
S18       1266   S2 AND S3
S19        197   S18 AND (S5 OR S8)
S20         81   S19 AND (S4 OR S6 OR S7)
S21         50   S20 NOT S20/2004:2010
S22         29   RD  (unique items)
S23         96   S2(50N)(S5 OR S8)
S24         96   S23(50N)(S3 OR S6 OR S7)
S25         15   S23(50N)S3(50N)(S6 OR S7)
S26          7   S25 NOT S25/2004:2010
S27          5   RD  (unique items)
S28         30   S22 OR S27
```

Abstract: For pt. I, see ibid., vol. 31, pp. 172-89 (1998). IMM/Test (
   IMMunization Testing) is a prototype software tool built to
   generate test cases that can be used to help test and verify the
   internal logic of an immunization forecasting program. A
   forecasting program takes as input a child's immunization
   history and produces recommendations as to which
   vaccinations are due and which should be scheduled next. IMM/Test
   was developed to test a specific immunization forecasting program,
   IMM/Serve. In addition, IMM/Test has been incorporated into a broader
   Web-based tool, IMM/Web, which allows the user (e.g. a member of
   an immunization registry staff) to customize the parameters used
   for immunization forecasting (e.g. the minimum ages for each dose
   and the minimum intervals between doses) to reflect local practice.
   IMM/Web then generates a customized set of test cases that may be used
   to test the user's immunization forecasting program. The user may
   also request that the test cases be automatically passed to IMM/Serve to
   analyze using the newly defined parameters. The paper describes the
   internal design of IMM/Test and IMM/Web and discusses certain lessons
   learned in the implementation of the two programs (17 refs.)
Subfile(s): C (Computing & Control Engineering)
Descriptors: application generators; Internet; knowledge verification;
   medical expert systems; software maintenance; software tools; testing;
   truth maintenance
Identifiers: immunization guideline knowledge maintenance tools;
   World Wide Web-based test case generation; automated user-customized
   test case generation; IMM/Test; prototype software tool; internal
   logic verification; immunization forecasting program; child
   immunization history; vaccination scheduling;
   IMM/Serve; IMM/Web; immunization registry staff; local practice;
   parameter definition; internal design
Classification Codes: C7140 (Medical administration); C6170T (Knowledge
   engineering tools); C7330 (Biology and medical computing); C6115 (
   Programming support); C7210 (Information services and centres)
INSPEC Update Issue: 1998-031
Copyright: 1998, IEE

 28/5/2   (Item 2 from file: 2)
DIALOG(R)File   2:INSPEC
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06986586
Title: Tools for immunization guideline knowledge maintenance. I.
   Automated generation of the logic "kernel" for immunization forecasting
Author(s): Miller, P.L.
Author Affiliation: Center for Med. Inf., Yale Univ. Sch. of Med., New
   Haven, CT, USA
Journal: Computers and Biomedical Research, vol.31, no.3, pp.172-89
Publisher: Academic Press
Country of Publication: USA
Publication Date: June 1998
ISSN: 0010-4809
SICI: 0010-4809(199806)31:3L.172:TIGK;1-B
CODEN: CBMRB7
U.S. Copyright Clearance Center Code: 0010-4809/98/$25.00
Language: English
Document Type: Journal Paper (JP)
Treatment: Practical (P)

Abstract: IMM/Def (IMMunization Definition) is a prototype computer
   program designed to facilitate the building and maintenance of a
   rule-based program which performs childhood immunization
   forecasting. An immunization forecasting program takes as input a
   child's immunization history and produces
   recommendations as to which vaccinations are due and which should
   be scheduled next. A significant amount of the knowledge required for
   immunization forecasting can be expressed in tabular form,
   including the parameters that indicate the minimum age when each dose
   may be given and the minimum intervals between doses. The choice of
   which parameter sets apply to a particular case depends upon additional
   clinical logic. To perform forecasting, this logic must be applied in
   three temporal contexts: (1) a dose that is due now, (2) a dose that is
   not yet due, and (3) a dose that must be scheduled to follow a dose
   which is due now. Building and maintaining this logic by hand is a
   formidable challenge. IMM/Def demonstrates how this task can be
   simplified by first defining an immunization definition logic
   which can be automatically translated into IF-THEN rules for each
   context. The approach has been applied successfully to the six childhood
   vaccination series which are routinely administered. IMM/Def
   allows one to have two specifications of the logic that can be
   examined independently and cross-checked to help assure the
   completeness, consistency and accuracy of the logic. The paper describes
   how IMM/Def performs its translation and discusses several design issues
   and lessons learned (16 refs.)
Subfile(s): C (Computing & Control Engineering)
Descriptors: automatic programming; formal logic; medical expert systems;
   scheduling; software maintenance; software tools; truth maintenance
Identifiers: immunization guideline knowledge maintenance tools;
   automated logic kernel generation; childhood immunization
   forecasting program; IMM/Def; prototype computer program; rule-based
   program; immunization history; vaccination scheduling;
   tabular form; minimum age; minimum dosage interval; clinical logic;
   temporal context; parameter sets; immunization definition logic;
   IF-THEN rules; logic specifications; completeness; consistency; accuracy
Classification Codes: C7140 (Medical administration); C6170T (Knowledge
   engineering tools); C7330 (Biology and medical computing); C6115 (
   Programming support); C4210 (Formal logic)
INSPEC Update Issue: 1998-031
Copyright: 1998, IEE

 28/5/4   (Item 2 from file: 5)
DIALOG(R)File   5:Biosis Previews(R)
17409557   BIOSIS NO.: 200300368276
Personalized Recombinant Idiotype Vaccination after Chemotherapy as
   Initial Treatment for Mantle Cell Lymphoma.
AUTHOR: Leonard John (Reprint); Vose Julie (Reprint); Timmerman John
   (Reprint); Levy Ronald (Reprint); Ingolia Diane (Reprint); Denney Dan
   (Reprint); Coleman Morton (Reprint); Kunkel Lori (Reprint)
AUTHOR ADDRESS: Weill Medical College of Cornell Univ and New York
   Presbyterian Hospital, New York, NY, USA**USA
JOURNAL: Blood 100 (11): pAbstract No. 4792 November 16, 2002 2002
MEDIUM: print
CONFERENCE/MEETING: 44th Annual Meeting of the American Society of

ABSTRACT: Background: Patients with Mantle cell lymphoma (MCL) present with advanced
            disease which usually responds to initial chemotherapy but commonly recurs
            within 1-2 years. We hypothesized that vaccination against a tumor-specific
            antigen could result in an anti-lymphoma immune response and potentially
            prolong time to disease progression in MCL. As with follicular NHL, tumor-
            specific variable regions of the clonal immunoglobulin (Idiotype or Id)
            expressed by malignant B cells can be exploited as an active
            immunotherapeutic target in MCL. As preliminarily presented by Timmerman, et
            al (Blood 98:341a, 2001), a Phase 2 study was conducted to determine the
            immunogenicity of the personalized Id vaccine GTOP-99, a recombinant Id
            protein conjugated to Keyhole Limpet Hemocyanin (KLH) co-administered with
            Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF), in stage III/IV
            aggressive NHL (N=14 inclusive of 5 MCL). Eligibility criteria for this
            trial included International Prognostic Index of 2, 3 or 4, reflecting an
            adverse prognostic group. According to the initial schedule (A), 5
            immunizations were administered over 24 weeks, starting 6 months after the
            completion of chemotherapy. While humoral anti-Id immune responses (IRs)
            were evoked using this regimen, patients relapsed at a median of 9.2 months
            (6.2-12.1) from the end of chemotherapy. Six patients did not complete
            immunization due to rapidly progressive disease requiring other therapies.
            These findings suggested that disease was well-established during the time
            immunizations were being delivered and that earlier and more frequent
            vaccinations could be of value. Methods: An accelerated and extended
            administration (Schedule B) has been implemented in which GTOP-99
            immunizations are begun earlier in the first clinical remission (complete or
            partial), 14 weeks following completion of chemotherapy. Vaccinations are
            administered every 2 weeks for 7 doses with an 8th dose at week 18 in an
            attempt to improve the frequency and kinetics of IR induction. GM-CSF is
            injected locally at GTOP-99 injection sites on days 1-4. Results: Ten MCL
            patients have begun treatment on this schedule: 4 patients have completed
            all 8 vaccinations; 5 are still undergoing immunization and 1 patient
            relapsed prior to completing therapy. All completed patients remain in
            remission with a median follow-up of 15.5 months (10.2-20.9) from the end of
            chemotherapy. All reported adverse events were grade 1-2, transient and
            manageable. Conclusions: These initial results suggest that an accelerated
            and extended Id-KLH vaccination schedule can be safely administered, with
            resultant IRs. The time to treatment failure might be extended with this
            modified immunization schedule. Ongoing and future studies will determine
            the potential benefit of this type personalized active immunotherapy for the
            treatment of MCL.
DESCRIPTORS:
  MAJOR CONCEPTS: Clinical Immunology--Human Medicine, Medical Sciences;
    Hematology--Human Medicine, Medical Sciences; Oncology--Human Medicine,
    Medical Sciences; Pharmacology
  BIOSYSTEMATIC NAMES: Hominidae--Primates, Mammalia, Vertebrata, Chordata,
    Animalia
  ORGANISMS: human (Hominidae)--patient
  COMMON TAXONOMIC TERMS: Animals; Chordates; Humans; Mammals; Primates;
    Vertebrates
  DISEASES: mantle cell lymphoma--blood and lymphatic disease, immune

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   system disease, neoplastic disease, therapy
MESH TERMS: Lymphoma, Small Cleaved-Cell, Diffuse (MeSH)
CHEMICALS & BIOCHEMICALS:   GTOP-99--immunologic-drug,
   immunostimulant-drug, clinical trial
METHODS & EQUIPMENT: chemotherapy--clinical techniques,  therapeutic and
   prophylactic techniques; personalized recombinant idiotype
   vaccination--clinical techniques,  clinical trial,  therapeutic
   and prophylactic techniques
MISCELLANEOUS TERMS:   disease relapse; humoral immune response--
   modulation; Meeting Poster;  Meeting Abstract
CONCEPT CODES:
  00520 General biology - Symposia, transactions and proceedings
  12512 Pathology - Therapy
  15006 Blood - Blood, lymphatic and reticuloendothelial pathologies
  22005 Pharmacology - General
  22005 Pharmacology - Clinical pharmacology
  22018 Pharmacology - Immunological processes and allergy
  24004 Neoplasms - Pathology, clinical aspects and systemic effects
  24008 Neoplasms - Therapeutic agents and therapy
  24010 Neoplasms - Blood and reticuloendothelial neoplasms
  34508 Immunology - Immunopathology, tissue immunology
BIOSYSTEMATIC CODES:
  86215 Hominidae
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 28/5/5     (Item 3 from file: 5)
DIALOG(R)File   5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.
16415314   BIOSIS NO.: 200200008825
Principles of pediatric combination vaccines and practical issues related
  to use in clinical practice
AUTHOR: Decker Michael D (Reprint)
AUTHOR ADDRESS: 796 Union Street, Bangor, PA, 18013, USA**USA
JOURNAL: Pediatric Infectious Disease Journal  20 (11 Supplement): pS10-S18
 November, 2001 2001
MEDIUM: print
ISSN: 0891-3668
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English
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ABSTRACT:   Background: During the past two decades the number of injections that are
            required per office visit to fulfill the recommended childhood immunization
            schedule has increased dramatically. Methods: By reviewing the literature,
            the principles associated with pediatric combination vaccines are discussed,
            and practical issues related to their use in clinical practice are
            evaluated. Results: The ideal combination vaccine is safe, effective and
            easy to store and use, and its antigenic components fit within the
            recommended immunization schedule. The ideal combination is associated with
            fewer adverse reactions than the separately administered antigens, with
            improved efficacy and higher immune responses compared with its component
            vaccines. An acceptable combination vaccine must provide comparable efficacy
            and safety to its component vaccines. Although there are a limited number of
            combination vaccines already available (diphtheria-tetanus-pertussis,
            inactivated poliovirus vaccine (IPV) and measles-mumps-rubella), effort is
            being focused on combining these vaccines with other routine vaccines of
            infancy including Haemophilus influenzae type b (Hib) and hepatitis B
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vaccine (HepB). Currently under review by the Food and Drug Administration
are diphtheria-tetanus-acellular pertussis (DTPa)-HepB-IPV and DTPa-Hib-IPV
combination vaccines, and two DTPa-HepB-IPV-Hib vaccines have been licensed
in Europe. As more combination vaccines become available, issues such as
interchangeability and administration of extra doses are raised; however, it
is important not to miss a vaccination opportunity. Conclusions: The number
of injections required to fulfill the recommended childhood immunization
schedule at each visit creates problems for patients and practitioner,
sometimes risking a missed opportunity for vaccination. The development of
combination vaccines will circumvent this problem and increase compliance
and vaccination coverage rates.

DESCRIPTORS:
  MAJOR CONCEPTS: Clinical Immunology--Human Medicine, Medical Sciences;
    Pediatrics--Human Medicine, Medical Sciences
  BIOSYSTEMATIC NAMES: Hominidae--Primates, Mammalia, Vertebrata, Chordata,   Animalia
  ORGANISMS: human (Hominidae)--child, patient
  COMMON TAXONOMIC TERMS: Animals; Chordates; Humans; Mammals; Primates;   Vertebrates
  CHEMICALS & BIOCHEMICALS: pediatric combination vaccines--practical
    issues of use
  MISCELLANEOUS TERMS: childhood immunization schedules; clinical
    practice; immunization practices; vaccination coverage rates; Literature Review
CONCEPT CODES:
  25000 Pediatrics
  34508 Immunology - Immunopathology, tissue immunology
BIOSYSTEMATIC CODES:
  86215 Hominidae

 28/5/6   (Item 4 from file: 5)
DIALOG(R)File   5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.
15087061   BIOSIS NO.: 199900346721
Immunity to poliomyelitis, diphtheria and tetanus in pediatric patients
  before and after renal or liver transplantation
AUTHOR: Balloni Antonella; Assael Baroukh M (Reprint); Ghio Luciana;
  Pedrazzi Chiara; Nebbia Gabriella; Gridelli Bruno; Melada Ernesto;
  Panuccio Alfonso; Foti Marina; Barbi Maria; Luraschi Cristina
AUTHOR ADDRESS: Department of Pediatrics, University of Milano Medical
  School, Via della Commenda 9, 20122, Milano, Italy**Italy
JOURNAL: Vaccine 17 (20-21): p2507-2511 June 4, 1999 1999
MEDIUM: print
ISSN: 0264-410X
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Few studies have considered the safety, efficacy and appropriateness of
         vaccinations in pediatric patients before and after solid organ
         transplantation. The aim of this study was to evaluate the immune status
         after primary vaccination to diphtheria, tetanus and poliomyelitis in
         pediatric patients before and after hepatic transplantation and to
         poliomyelitis in pediatric patients before and after renal transplantation.
         All the patients had received a complete primary immunization schedule for
         diphtheria and tetanus and poliomyelitis. Immunity to the three polioviruses
         was evaluated in 56 patients with renal transplant, 27 on chronic dialysis
         and 33 controls and in 39 patients with hepatic transplant, 25 with chronic
         hepatic failure and their 36 controls. Immunity to diphtheria and tetanus

was evaluated in 52 liver transplant patients, 29 children with chronic
hepatic failure and 54 healthy patients. Renal transplant patients were less
protected and had lower antibody geometric mean titers than healthy controls
for polioviruses 1 and 2. Whereas, protection in the children liver
transplant patients was similar to that in their controls. Patients with
chronic hepatic failure had higher antibody geometric mean titers to
diphtheria and polioviruses 1 and 3 than their control group.
Immunosuppression after transplantation has a negative influence on the
immune status after primary vaccination in children with renal transplant.
Whereas children with chronic hepatic failure have higher antibodies than a
normal population. When possible, it could be advisable to individualize
immunization schedules in patients at high risk.

DESCRIPTORS:
  MAJOR CONCEPTS: Clinical Immunology--Human Medicine, Medical Sciences;   Infection
  BIOSYSTEMATIC NAMES: Hominidae--Primates, Mammalia, Vertebrata, Chordata,
    Animalia; Picornaviridae--Positive Sense ssRNA Viruses, Viruses,   Microorganisms
  ORGANISMS: human (Hominidae)--child, patient, host; poliovirus
    (Picornaviridae)--pathogen
  COMMON TAXONOMIC TERMS: Animals; Chordates; Humans; Mammals; Primates;
    Vertebrates; Microorganisms; Positive Sense Single-Stranded RNA Viruses ; Viruses
  DISEASES: diphtheria--bacterial disease; poliomyelitis--nervous system
    disease, viral disease; tetanus--bacterial disease
  MESH TERMS: Diphtheria (MeSH); Poliomyelitis (MeSH); Tetanus (MeSH)
  METHODS & EQUIPMENT: liver transplantation--transplantation method; renal
    transplantation--transplantation method
  MISCELLANEOUS TERMS: immunization; protective immunity
CONCEPT CODES:
  34504 Immunology - Bacterial, viral and fungal
  11107 Anatomy and Histology - Regeneration and transplantation
  14006 Digestive system - Pathology
  36006 Medical and clinical microbiology - Virology
  36002 Medical and clinical microbiology - Bacteriology
  15506 Urinary system - Pathology
BIOSYSTEMATIC CODES:
  86215 Hominidae
  03603 Picornaviridae

 28/5/12   (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.
0079625269   EMBASE/Medline No: 2003333343
  Tracking vaccination rates among HIV-positive patients with a
computerized reminder system
  Segarra-Newnham M.
  Veterans Affairs Medical Center, 7305 North Military Trail, West Palm
  Beach, FL 33410-6400, United States
  AUTHOR EMAIL: marisel.segarra-newnham@med.va.gov
  CORRESP. AUTHOR/AFFIL: Segarra-Newnham M.: Veterans Affairs Medical
Center, 7305 North Military Trail, West Palm Beach, FL 33410-6400, United States
  CORRESP. AUTHOR EMAIL: marisel.segarra-newnham@med.va.gov
  Hospital Pharmacy (Hosp. Pharm.) (United States) August 1, 2003, 38/8
  (758-762)
  CODEN: HOPHA   ISSN: 0018-5787
  DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
  LANGUAGE: English   SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 18

  Objective: This study deterimined vaccination rates at a Veterans
Affairs HIV clinic before and after the 1997 implementation of a
computerized reminder system. Methods: Before implementation of a
computerized reminder system, vaccinations were not always recorded
on patients' medical records. After implementation,
vaccinations were documented in the computer record and the system
alerted providers when patients became due for a pneumococcal
vaccine, tetanus booster, or other immunization. Charts for all
patients (n = 211) enrolled in the HIV clinic were assessed for
vaccination dates. Vaccination rates for patients (n = 71)
enrolled before 1997 were compared with rates for patients (n = 140)
enrolled after the computerized system was installed. The new system
enabled the clinical pharmacist to monitor vaccination rates on a
quarterly basis and facilitate patient appointments. Results:
Vaccination rates for patients enrolled before 1997 were 100%
for initial pneumococcal vaccination and 100% for tetanus.
Seventy-six percent of patients due for a pneumococcal vaccine booster had
received it. In contrast, patients enrolled after 1997 had
vaccination rates of 94% for pneumococcal vaccine; eight recently
enrolled patients did not have documentation of vaccination. The clinical pharmacist
scheduled these patients and the rate increased to 97%. Due to a product shortage, only
61% of patients enrolled after 1997 had received tetanus vaccine. Conclusions: A
computerized reminder system allows for reliable tracking of vaccination rates and can
be used by pharmacists to improve preventive care for HIV-positive patients. Overall
vaccination rates were well above the national norm.

DRUG DESCRIPTORS:
Pneumococcus vaccine; tetanus toxoid
MEDICAL DESCRIPTORS:
*Human immunodeficiency virus infection; *medical information system; *vaccination
adult; article; computer program; human; major clinical study; medical
record; patient scheduling; pharmacist; preventive medicine
CAS REGISTRY NO.: 57425-69-1, 93384-51-1 (tetanus toxoid)
SECTION HEADINGS:
  Public Health, Social Medicine and Epidemiology
  Biophysics, Bioengineering and Medical Instrumentation
  Drug Literature Index
  Pharmacy

 28/5/13   (Item 2 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.
0076074209   EMBASE/Medline No: 1995116169
  Immunizations in women
  Foley K.S.; Kopelman J.N.
  Madigan Army Medical Center, Tacoma, WA 98431-5000, United States
  CORRESP. AUTHOR/AFFIL: Foley K.S.: Madigan Army Medical Center, Tacoma,
WA 98431-5000, United States

Women should be immune to tetanus, diphtheria, poliomyelitis, measles, mumps, and rubella. Depending upon age, occupation, life style, and medical conditions, they may also benefit from hepatitis B, influenza, and pneumococcal vaccinations. With exposure to different infections, they may need active and passive immunization. Adult immunization is an effective but underutilized method of disease prevention. For women to benefit from the effective vaccines available in the United States, primary care practitioners will need to make vaccination a routine service during office visits and hospitalizations. Applying general recommendations about the administration and timing of vaccinations increases their safety and efficacy. Appropriate counseling and documentation improve patient acceptance and compliance with federal law. Practices serving women can provide immunizations just as pediatric practices have done traditionally. However, adults have more individualized vaccination needs. The indications, doses, and schedules for specific immunizations in women are discussed.

BRAND NAME/MANUFACTURER NAME: engerix b; recombivax hb
DRUG DESCRIPTORS:
*vaccine--adverse drug reaction--ae; *vaccine--drug administration--ad; *vaccine--drug therapy--dt
adrenalin--drug therapy--dt; diphenhydramine--drug therapy--dt; diphtheria pertussis tetanus vaccine--adverse drug reaction--ae; diphtheria pertussis tetanus vaccine--drug therapy--dt; diphtheria vaccine--drug therapy--dt; hepatitis b antibody--drug therapy--dt; hepatitis b vaccine--drug therapy --dt; herpes zoster immunoglobulin--drug therapy--dt; immunoglobulin--drug therapy--dt; influenza vaccine--adverse drug reaction--ae; influenza vaccine--drug therapy--dt; measles mumps rubella vaccine--adverse drug reaction--ae; measles mumps rubella vaccine--drug therapy--dt; pneumococcus vaccine--adverse drug reaction--ae; pneumococcus vaccine--drug therapy--dt; poliomyelitis vaccine--drug therapy--dt; tetanus toxoid--drug therapy--dt
MEDICAL DESCRIPTORS:
*bacterial infection--drug therapy--dt; *bacterial infection--prevention --pc; *communicable disease--drug therapy--dt; *communicable disease --prevention--pc; *virus infection--drug therapy--dt; *virus infection --prevention--pc
active immunization; anaphylaxis--drug therapy--dt; anaphylaxis--side effect--si; breast feeding; chickenpox--drug therapy--dt; chickenpox --prevention--pc; diphtheria--drug therapy--dt; diphtheria--prevention--pc; drug contraindication; female; hepatitis a--drug therapy--dt; hepatitis a --prevention--pc; hepatitis b--drug therapy--dt; hepatitis b--prevention --pc; human; influenza--drug therapy--dt; influenza--prevention--pc; injection pain; intramuscular drug administration; intravenous drug administration; measles--drug therapy--dt; measles--prevention --pc; mumps--drug therapy--dt; mumps--prevention--pc; oral drug administration; passive immunization; poliomyelitis--drug therapy--dt ; poliomyelitis--prevention--pc; pregnancy; primary medical care; priority journal; review; rubella--drug therapy--dt; rubella--prevention--pc; streptococcus infection--drug therapy--dt; streptococcus infection --prevention--pc; subcutaneous drug administration; tetanus--drug therapy --dt; tetanus--prevention--pc
CAS REGISTRY NO.: 51-43-4, 55-31-2, 6912-68-1 (adrenalin); 147-24-0,
    58-73-1 (diphenhydramine); 9007-83-4 (immunoglobulin); 57425-69-1,
    93384-51-1 (tetanus toxoid)

SECTION HEADINGS:
  Public Health, Social Medicine and Epidemiology
  Immunology, Serology and Transplantation
  Drug Literature Index
  Adverse Reactions Titles

 28/5/15   (Item 4 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.
0070322612   EMBASE/Medline No: 1975106423
  Rubella prophylaxis
  ORIENTAMENTI SULLA PROFILASSI ANTIRUBEOLICA
  D'Arca S.U.; Muzzi A.
  Ist. Ig. G. Sanarelli, Univ. Roma, Italy:
  CORRESP. AUTHOR/AFFIL: Ist. Ig. G. Sanarelli, Univ. Roma, Italy

  NUOVI ANN.IG.MICROBIOL. December 1, 1974, 25/2 (135-148)
  CODEN: NAIMA
  DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
  LANGUAGE: Italian

  The most efficient prophylaxis form of prenatal rubella is
immunization of seronegative women before pregnancy. Recent
knowledge on this prophylactic measure is reported. The effectiveness,
harmlessness, protection length and safety of the usual vaccines
against fetal vaccine virus infection from a wrong application
of the vaccination to pregnant women, were examined, to point out a
correct application of prophylactic measures and to develop a
suitable vaccination plan for the population to protect the
fetus against maternal rubella. (45 references.)

DRUG DESCRIPTORS:
*rubella vaccine; *virus vaccine
unclassified drug
MEDICAL DESCRIPTORS:
*fetus; *pregnancy; *preventive medicine; *prophylaxis; *public health; *
rubella; *Rubella virus; *virus infection
article; prevention
DRUG TERMS (UNCONTROLLED): 5 [3 (trifluoromethyl)phenoxy]primaquine derivative
SECTION HEADINGS:
  Public Health, Social Medicine and Epidemiology
  Drug Literature Index

 28/5/16   (Item 1 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.
14463758   PMID: 11598040   Record Identifier: PMC100045
  Effects of alum adjuvant or a booster dose on immunogenicity during
clinical trials of group B streptococcal type III conjugate vaccines.
  Paoletti L C; Rench M A; Kasper D L; Molrine D; Ambrosino D; Baker C J
  Channing Laboratory, Brigham and Women's Hospital, Harvard Medical
School, Boston, Massachusetts 02115, USA. lpaoletti@channing.harvard.edu
  Infection and immunity (United States)   Nov 2001, 69 (11) p6696-701,
ISSN 0019-9567--Print 0019-9567--Linking   Journal Code: 0246127

  Phase 1 and 2 clinical trials of group B streptococcal (GBS) capsular
polysaccharide (CPS)-protein conjugate vaccine in healthy adults have
demonstrated their safety and improved immunogenicity compared with
uncoupled   CPSs. Two recent trials sought to determine (i) whether
adsorption of conjugate vaccine to aluminum hydroxide would improve
immunogenicity and (ii) whether the CPS-specific immunoglobulin G (IgG)
response could be boosted by administration of a second dose. Adsorption of
GBS type III CPS-tetanus toxoid (III-TT) conjugate vaccine to alum did not
improve the immune response to a 12.5-microg dose in healthy adult
recipients. Four weeks after vaccination, the geometric mean antibody
concentrations (GMCs) for the 15 recipients of III-TT with or without alum
were 3.3 and 3.6 microg/ml, respectively. In the second trial, 36 healthy
adults vaccinated previously with GBS III-TT conjugate were
given a second 12.5-microg dose 21 months later. At 4 weeks after the
second dose, the GMCs of type III CPS-specific IgG were similar to those
measured 4 weeks after the primary vaccination, suggesting a lack of
a booster response. However, 8 (22%) of the 36 participants who had
undetectable III CPS-specific IgG (<0.05 microg/ml) before the first dose
of III-TT conjugate exhibited a booster response to the second dose, with a
fourfold-greater GMC of type III CPS-specific IgG than after the initial
immunization. These results suggest that prior natural exposure
to type III GBS or a related antigen may be responsible for the brisk IgG
response to CPS noted in most adults after vaccination. However, a
second dose of GBS III-TT conjugate vaccine may be required for adults
whose initial CPS-specific IgG concentrations are very low and would also
restore the initial peak-specific III CPS-IgG in responders to
previous vaccination.
  Tags: Female; Male
  Descriptors: *Adjuvants, Immunologic; *Alum Compounds; *Streptococcal
Infections--prevention and control--PC; *Streptococcal Vaccines--immunology
--IM; *Streptococcus agalactiae--immunology--IM; *Vaccines, Conjugate

--immunology--IM; Adjuvants, Immunologic--metabolism--ME; Adsorption; Adult
; Alum Compounds--metabolism--ME; Bacterial Capsules; Consumer
Product Safety; Dose-Response Relationship, Drug; Drug
Administration Schedule; Humans; Immunization, Secondary;
Middle Aged
  CAS Registry No.: 0 (Adjuvants, Immunologic); 0 (Alum Compounds); 0
 (Bacterial Capsules); 0 (Streptococcal Vaccines); 0 (Vaccines,
Conjugate); 0 (group B streptococcal type III capsular
polysaccharide-tetanus toxoid vaccine); 10043-01-3 (aluminum sulfate)
  Record Date Created: 20011012
  Record Date Completed: 20011205

  28/5/17   (Item 2 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.
12722764   PMID: 9812464
   [A serological study on the immunization schedule at first dose of
domestic BRD II strain rubella vaccine]
  Xu A Q; Song L Z; Hao S Z
  Shandong Provincial Hygiene and Epidemic Prevention Station, Jinan.
  Zhonghua liu xing bing xue za zhi = Zhonghua liuxingbingxue zazhi (CHINA)
   Jun 1997, 18 (3) p156-9, ISSN 0254-6450--Print 0254-6450--Linking
Journal Code: 8208604
  Publishing Model Print
  Document type: English Abstract; Journal Article
  Languages: CHINESE
  Main Citation Owner: NLM
  Record type: MEDLINE; Completed
  Subfile: INDEX MEDICUS
  In order to develop a valid immunization schedule on
the initial vaccination at different age of domestic BRD II strain
rubella vaccine, a total number of 268 children at the age of 6 to 18
months from Yantai city of Shandong Province, China were selected for the
serological study on hemagglutination inhibition (HI) antibody level
against rubella from August to October, 1995. The results showed that the
negative rates of HI antibody among children of 6, 7, 8, 9, 12 and 18 month
olds before inoculation with rubella vaccine were 100.00%,
95.56%, 93.02%, 96.36%, 97.96% and 93.94% with geometric mean titers (GMTs)
0.00, 1.17, 1.21, 1.12, 1.07 and 1.13, respectively. After one month of
immunization with rubella vaccine, the positive rates and GMTs of HI
antibody were 97.67%, 95.56% 97.67%, 98.18%, 97.96%, 96.67% and 110.17,
197.02, 155.32, 177.63, 192.92, 142.17, respectively. There was no
significant difference on immuno-response to rubella vaccine in children
regardless the previous titers. Taking these results together with the
current vaccine immunization schedule for expanded programme on
immunization (EPI) in China into consideration, the author
recommended that the immunization schedule at first vaccination
 for BRD II strain rubella vaccine should be started at 8 month olds.
  Tags: Female; Male
  Descriptors: *Rubella--prevention and control--PC; *Rubella Vaccine
--immunology--IM; *Vaccination; Age Factors; Hemagglutination
Inhibition Tests; Humans; Immunization Schedule; Infant; Vaccines,
Attenuated--immunology--IM
  CAS Registry No.: 0 (Rubella Vaccine); 0 (Vaccines, Attenuated)
  Record Date Created: 19981216
  Record Date Completed: 19981216

11273243   PMID: 7955519   Record Identifier: PMC1534411
   HIV-1 recombinant gp160 vaccine given in accelerated dose
schedules. NIAID AIDS Vaccine Clinical Trials Network.
  Gorse G J; Schwartz D H; Graham B S; Matthews T J; Stablein D M; Frey S E
; Belshe R B; Clements M L; Wright P F; Eibl M; et al
  Department of Internal Medicine, Saint Louis University School of
Medicine, MO.
  Clinical and experimental immunology (ENGLAND) Nov 1994, 98 (2)
 p178-84, ISSN 0009-9104--Print 0009-9104--Linking   Journal Code: 0057202
  Contract/Grant No.: N01-AI-05061; AI; NIAID NIH HHS United States;
N01-AI-05064; AI; NIAID NIH HHS United States; N01-AI-45211; AI; NIAID NIH
HHS United States; +
  Publishing Model Print; Cites J Exp Med. 1964 Dec 1;120:1041-9 PMID
14238923; Cites Scand J Clin Lab Invest Suppl. 1968;97:77-89 PMID 4179068;
Cites J Am Med Assoc. 1955 Aug 6;158(14):1239-48 PMID 14392073; Cites J
Infect Dis. 1993 Dec;168(6):1387-95 PMID 8245523; Cites Proc Natl Acad Sci
U S A. 1993 Mar 15;90(6):2443-7 PMID 8460155; Cites J Infect Dis. 1993
Mar;167(3):533-7 PMID 8095059; Cites Lancet. 1993 Jul 10;342(8863):69-73 PM
ID   8100910;   Cites Biotechnol   Ther. 1991;2(1-2):91-106 PMID 1845126;
Cites Science. 1992   Jun 19;256(5064):1687-90 PMID 1609280; Cites Nature.
1992 Feb 20;355(6362):728-30 PMID 1741059; Cites AIDS Res Hum Retroviruses.
1991   May;7(5):485-93 PMID   1714748;   Cites J   Clin   Microbiol.   1992
Oct;30(10):2606-12 PMID   1400960;   Cites Vaccine.   1992;10(6):383-8 PMID
1534641;   Cites Int   J   STD   AIDS. 1990 Mar;1(2):126-8 PMID 2092787;
Cites Scand J Infect Dis. 1991;23(1):7-17 PMID 2028230; Cites J Infect Dis.
1991   Mar;163(3):448-53 PMID 1995718; Cites Ann Intern Med. 1991 Jan
15;114(2):119-27 PMID 1984386; Cites J Virol. 1988 Nov;62(11):4195-200 PMID
2845130; Cites AIDS Res Hum Retroviruses. 1989 Apr;5(2):159-71 PMID 2713166
; Cites J Infect Dis. 1989 Dec;160(6):960-9 PMID 2555423; Cites J Infect
Dis.   1989   Nov;160(5):766-9 PMID   2530289;   Cites Nature.   1990   Jun
14;345(6276):622-5 PMID   2190095;   Cites J   Am   Med   Assoc. 1956 Dec
15;162(16):1451-9 PMID 13376316
  Document type: Clinical Trial; Journal Article; Randomized Controlled
Trial; Research Support, U.S. Gov't, P.H.S.
  Languages: ENGLISH
  Main Citation Owner: NLM
  Other Citation Owner: NLM
  Record type: MEDLINE; Completed
  Subfile: INDEX MEDICUS; AIDS/HIV
  The purpose of this randomized, double-blind study was to test the
safety and immunogenicity of an HIV-1LAI recombinant gp160 (rgp160)
vaccine   in healthy, uninfected volunteers using accelerated dosing
schedules.   Thirty   volunteers   were   randomly   assigned   to   receive
50-micrograms doses of rgp160 in one of two immunization schedules.
Group 1 received rgp160 at times 0, 1 and 2 months; and group 2 received
rgp160   at   times   0,   1, 2, 3 and 4 months. The vaccine was safe and
stimulated   high   levels   of HIV-1 envelope-specific binding antibody and T
cell memory. There was a trend (P < 0.10) suggesting neutralizing
antibodies were better induced by the regimen incorporating a rest period
before the final immunization in group 1 volunteers. Both
accelerated immunization schedules induced immune responses at levels

similar to or better than those achieved by four rgp160 vaccine
injections given over 12-18 months in other studies.
  Tags: Female; Male
  Descriptors: *AIDS Vaccines--administration and dosage--AD; *
Vaccines, Synthetic--administration and dosage--AD; AIDS
Vaccines--immunology--IM; Adult; Amino Acid Sequence; Analysis of Variance;
Double-Blind Method; Enzyme-Linked Immunosorbent Assay; Gene Products
,   env--immunology--IM;   HIV   Envelope   Protein   gp160;   Humans;
Immunization Schedule; Middle Aged; Molecular Sequence Data;
Protein Precursors--immunology--IM; Vaccines, Synthetic--immunology--IM
  CAS Registry No.: 0   (AIDS Vaccines); 0   (Gene Products, env); 0 (HIV
Envelope Protein gp160); 0   (Protein Precursors); 0 (Vaccines, Synthetic)
  Record Date Created: 19941212
  Record Date Completed: 19941212

 28/5/22   (Item 7 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.
10791899   PMID: 8336618
  Childhood immunisation in general practice.
  Levy M; Bridges-Webb C
  New South Wales Health Department, North Sydney.
  Medical journal of Australia (AUSTRALIA)   Aug 2 1993, 159 (3) p177-81
, ISSN 0025-729X--Print 0025-729X--Linking   Journal Code: 0400714
  Publishing Model Print
  Document type: Journal Article
  Languages: ENGLISH
  Main Citation Owner: NLM
  Record Date: MEDLINE; Completed
  Subfile: INDEX MEDICUS
  General practitioners provide 50% of childhood vaccination services
in Australia. The routine schedule has been relatively stable for
over 20 years, but new vaccine developments and an improved
understanding of the epidemiology of the vaccine-preventable diseases will
soon result in several major changes. General practitioners should review
vaccination documentation and storage of vaccines, to ensure that the
service they provide is of the highest standard. National targets for "age-
appropriate" vaccination could be the basis for individual
practices to assess their own performance.
  Descriptors: *Family   Practice;   *Immunization;   Australia;
Child; Documentation; Drug Storage; Humans; Immunization
 Schedule; Public Health Administration; Records as Topic; Vaccines
  CAS Registry No.: 0   (Vaccines)
  Record Date Created: 19930826
  Record Date Completed: 19930826

 28/5/26   (Item 2 from file: 162)
DIALOG(R)File 162:Global Health
(c) 2010 CAB International. All rts. reserv.
0004269645   CAB Accession Number: 19862032278
   Primary health care technologies at the family and community levels.
 Report of the International Workshop, Kalutara, Sri Lanka, 28 October-2

November 1985.
   Conference Title: Primary health care technologies at the family and
community levels. Report of the International Workshop, Kalutara, Sri
Lanka, 28 October-2 November 1985.
   132pp.
   Publication Year: 1986
   United Nations Children's Fund, New York, USA
   Editors: Wilson, R. G.; Ofosu-Amaah, S.; Belsey, M. A.
   Publisher: Aga Khan Foundation   Geneva, Switzerland
   Language: English
   Record Type: Abstract
   Document Type: Conference proceedings

   The success of primary health care strategy in fulfilling the aim of
"Health   for All" will depend, to a great extent, on success in
demystifying health knowledge and on the transfer of appropriate
health technologies sufficiently to empower family and community members
to promote, protect and care for their own health. The greatest need for
research is not into technological hardware but in methods of community
organization, management, training, education, information, etc.
The adoption of appropriate technologies for delivery care at the
family and community levels needs a knowledge of the traditional practices
already present and a demonstrated respect for those practices that are
technically sound and effective. Three types of midwifery kit are
recommended for use by traditional birth-attendants depending on case-load
and   level of training. The relationship between traditional
birth-attendants and health services staff should be one based on respect
and the training of traditional birth-attendants should emphasize the 3
"cleans": clean hands, clean cutting and care of the umbilical cord, and a
clean surface where the delivery is performed.
To be successful, immunization programmes need effective links
between the community and the health services system that hold out the
prospect of universal childhood immunizations. Research is needed
into: simpler methods of vaccine administration, new
immunization schedules to reduce the number of visits
required; development of vaccines with greater stability,
safety and effectiveness; new vaccines for the control of major
disease groups; and cold-chain technology development.
In nutrition-related technologies, the child health and growth
record card is the best link between the child, the community and
the health-care system. Most urgent areas for research are: time and
energy-saving devices to reduce the workload of women; methods for
improving the energy density, viscosity and hygiene of weaning food;
improved weighing scales and other methods for assessing nutritional
status of newborns and children; improved growth monitoring and
child health records, particularly those that can be a focus
for increasing knowledge, skills and practices of family members; better
methods for correcting and preventing vitamin A, iodine and iron
deficiencies.
In communication technologies, participatory communication should always
form an integral part of primary health care and must be a continuous
process of interaction between health workers and community and it should
be built on traditional communication structures, systems and beliefs and
maximize the use of local resources, especially human resources.
Multi-media approaches are likely to work best in reaching the target
audience and in reinforcing the messages. Consistency of messages is
crucial. Major areas for research include: development of practical,

lightweight, durable, easily maintained communication equipment for field
use; studies of existing community technologies for
communication-especially folk media; improving training in participatory
communication methods for community health workers, mid-level health
workers, health educators and supervisory staff; improving methods of
coordination within and between institutions involved in health
communication, aimed at consistency and coherence of messages, their
reinforcing effect, and ultimately, cost effectiveness.

DESCRIPTORS: Primary health care
IDENTIFIERS: technologies; towards more effective use of primary health
   care technologies
CABICODES: Health Services (UU350)

28/5/28   (Item 2 from file: 74)
DIALOG(R)File 74:Int.Pharm.Abs
00070413 19-01650
IMMUNIZATIONS FOR INTERNATIONAL TRAVEL AS A PHARMACEUTICAL SERVICE
Huff, P. S.; Hak, S. H.; Caiola, S. M.
104 Beard Hall 200H, Univ. of North Carolina at Chapel Hill, Chapel Hill,
  NC 27514
American Journal of Hospital Pharmacy (USA), V39, (Jan), p90-93, 1982
CODEN: AJHPA9 ISSN: 0002-9289 LANGUAGE: English RECORD TYPE: Abstract

    A pharmaceutical service using physician approved guidelines to
select, administer, and monitor appropriate immunizations and
prophylactic medications for patients who plan international travel is
described.
    A written protocol was designed for the clinical pharmacists to use in
developing an immunization and infectious disease prophylaxis
plan based on individual patient needs. The protocol was
approved by the pharmacy, therapeutics, and standing orders committee
of the community health center. Information and recommendations were based
on current medical literature and the publications of the Department of
Health and Human Services. One physician maintains supervisory
responsibility for the program by ownership of the ""uniform stamp'' for
vaccine certification.
    The pharmacist interviews the patient to determine his health status
and travel plans, including anticipated living conditions, standards of
sanitation, and duration of stay in all sites to be visited abroad. The
pharmacist records a brief history of previous immunizations,
adverse reactions, allergies, chronic illnesses and medications, and any
current acute illnesses. The pharmacist discusses the required and
recommended immunizations with the patient in detail, and gives him a
general information pamphlet. A fee is charged for the interview,
administering the injections, and for the products administered.
    The guidelines in this paper may be used by other pharmacists who wish
to expand their roles in ambulatory health care settings.
    Lentine (9 references)

DESCRIPTORS: Immunization -- pharmacy services, guidelines, programs,
  international travel; Pharmacy services -- immunization, guidelines
  , programs, international travel; Guidelines -- immunization,
  pharmacy services, programs, international travel; Clinical pharmacists

-- immunization, programs, guidelines, international travel;
   Ambulatory care -- immunization, clinical pharmacists, programs,
   guidelines, international travel
SECTION HEADINGS: Pharmacy practice (24)

 28/5/29   (Item 1 from file: 34)
DIALOG(R)File   34:SciSearch(R) Cited Ref Sci
(c) 2010 The Thomson Corp. All rts. reserv.
11496155   Genuine Article#: 657QJ   Number of References: 8
Title: Tolerability of multiple vaccinations in travel medicine
Author: Borner N; Muhlberger N; Jelinek T   (REPRINT)
Corporate Source: Inst Trop Med,Spandauer Damm 130/D-14050 Berlin//Germany/
    (REPRINT); Univ Munich,Dept Trop Med & Infect Dis,Munich//Germany/
Journal: JOURNAL OF TRAVEL MEDICINE, 2003, V10, N2 (MAR-APR), P112-116
ISSN: 1195-1982   Publication Date: 20030300
Publisher: B C DECKER INC, 20 HUGHSON ST SOUTH, PO BOX 620, L C D 1,
    HAMILTON, ONTARIO L8N 3K7, CANADA
Language: English   Document Type: ARTICLE
Geographic Location: Germany
Journal Subject Category: MEDICINE, GENERAL & INTERNAL

Abstract: Background: Due to time constrains imposed by pending departure
    dates of travelers, the application of multiple vaccinations is
    commonly practiced in pretravel counseling. However, data regarding the
    tolerability of schedules with simultaneous vaccinations
    with different products are sparse.

       Method: In order to investigate effects of this practice, a
    prospective study was conducted with 1,183 healthy travelers who
    presented prior to their departure. Standardized questionnaires
    covering possible side effects were collected during and after
    vaccination.

       Results: Results showed an increase of the overall frequency of
    side effects with an increasing number of simultaneously applied
    vaccines. In travelers with two or more vaccinations, side
    effects occurred less frequently than previously published. In
    double vaccinations, side effects occurred in 36.7% of vaccinees,
    triple vaccinations in 40.3%, in more than three
    vaccinations in 50.0%. Subjective rating by the vaccinees showed
    an excellent tolerability of multiple vaccinations.

       Conclusion: Multiple vaccines can be given at the same
    time with limited subjective side effects. These findings may increase
    the acceptability of vaccinations given in combination to
    travelers.
Identifiers: KeyWord Plus(R): HEPATITIS-A; TYPHOID-FEVER; IMMUNOGENICITY;
    VACCINES; SAFETY
Cited References:
    FLUGTOURISMUS DTSCH
    *WHO, TOUR HIGHL 2001
    BOVIER PA, 1999, V6, P228, J TRAVEL MED
    DUMAS R, 1997, V14, P160, ADV THER
    FALVO C, 1994, V9, P255, J GEN INTERN MED
    KHOO SH, 1995, V310, P908, BRIT MED J
    VANHOECKE C, 1998, V5, P116, J TRAVEL MED
    VODOPIJA I, 1997, V4, P114, J TRAVEL MED

B. NPL Files, Full-text

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File 634:San Jose Mercury  Jun 1985-2010/Mar 11
         (c) 2010 San Jose Mercury News
File  20:Dialog Global Reporter 1997-2010/Mar 15
         (c) 2010 Dialog
File  15:ABI/Inform(R) 1971-2010/Mar 13
         (c) 2010 ProQuest Info&Learning
File 624:McGraw-Hill Publications 1985-2010/Mar 15
         (c) 2010 McGraw-Hill Co. Inc
File   9:Business & Industry(R) Jul/1994-2010/Mar 13
         (c) 2010 Gale/Cengage
File  16:Gale Group PROMT(R) 1990-2010/Mar 12
         (c) 2010 Gale/Cengage
File 148:Gale Group Trade & Industry DB 1976-2010/Mar 12
         (c) 2010 Gale/Cengage
File 160:Gale Group PROMT(R) 1972-1989
         (c) 1999 The Gale Group
File 275:Gale Group Computer DB(TM) 1983-2010/Feb 03
         (c) 2010 Gale/Cengage
File 621:Gale Group New Prod.Annou.(R) 1985-2010/Jan 25
         (c) 2010 Gale/Cengage
File 636:Gale Group Newsletter DB(TM) 1987-2010/Feb 09
         (c) 2010 Gale/Cengage
File 149:TGG Health&Wellness DB(SM) 1976-2010/Jan W4
         (c) 2010 Gale/Cengage
File 441:ESPICOM Pharm&Med DEVICE NEWS 2010/Mar W2
         (c) 2010 ESPICOM Bus.Intell.
File 444:New England Journal of Med. 1985-2010/Mar W1
         (c) 2010 Mass. Med. Soc.
File 455:Drug News & Perspectives 1992-2005/Aug
         (c) 2005 Prous Science
File 129:PHIND(Archival) 1980-2010/Mar W2
         (c) 2010 Informa UK Ltd
File 130:PHIND(Daily & Current) 2010/Mar 15
         (c) 2010 Informa UK Ltd
File 484:Periodical Abs Plustext 1986-2010/Mar 15
         (c) 2010 ProQuest
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Set    Items    Description
S1     37098    (IMMUNI?ATION? OR VACCINATION? OR SHOT OR SHOTS OR INOCULA-
                TION? OR INNOCULATION?)(5N)(SCHEDUL? OR TIMETABLE? OR CALENDA-
                R? OR PLAN OR PLANS OR DATE OR DATES OR MANAGEMENT)
S2      3513    S1(12N)(CUSTOMIZ? OR CUSTOMIS? OR PERSONALIZ? OR PERSONALI-
                S? OR TAILOR? OR INDIVIDUALIZ? OR INDIVIDUALIS? OR GENERAT? OR
                CREAT? OR BUILD? OR BUILT OR PRODUC? OR DEVELOP?)
S3    1313669   (ADMINISTER? OR ADMINISTRATION? OR GIVE? OR GIVING OR GAVE
                OR APPLY? OR APPLIE? OR APPLICATION? OR  INJECT? OR PERFORM?)-
                (6N)(SHOT OR SHOTS OR INJECTION OR INJECTIONS OR SPRAY OR SPR-
                AYS OR VACCINE OR VACCINES) OR INOCULAT? OR INNOCULAT? OR IMM-
                UNIZ? OR IMMUNIS? OR VACCINAT?
S4     53253    S3(8N)(PRESENT OR PRESENTLY OR CURRENT OR CURRENTLY OR TOD-
                AY)
S5     70879    S3(8N)(PAST OR PRIOR OR PREVIOUS? OR BEFORE OR EARLIER)
S6   35153355   APPROV? OR OKAY? OR OK OR ALLOW? OR SAFE? OR APPROPRIATE OR
                "NOT"(2W)(EARLY OR SOON OR DANGEROUS OR PROBLEM OR INAPPROP-
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            RIATE)
S7    16296294    WARN? OR ALERT? OR NOTIF? OR CAUTION? OR ADVIS? OR APPRIS?
S8     1206843    (PATIENT OR PATIENTS OR PERSON OR PERSONS OR CHILD OR CHIL-
                  DREN OR ADULT OR ADULTS OR INDIVIDUAL OR INDIVIDUALS OR INFANT
                  OR INFANTS OR BABY OR BABIES)(5N)(RECORD OR RECORDS OR EMR OR
                  EMRS OR EHR OR EHRS OR HISTORY OR HISTORIES OR CHART OR CHAR-
                  TS OR DOCUMENT? OR INFORMATION)
S9           8    AU=( GRASSO K? OR GRASSO, K? OR GRASSO (2N)(K OR KAY))
S10         19    AU=( GIFFORD T? OR GIFFORD, T? OR GIFFORD (2N)(T OR THOMAS-
                  ))
S11         10    AU=( HORD J? OR HORD, J? OR HORD (2N)(J OR MARK))
S12         28    AU=( SHOUP D? OR SHOUP, D? OR SHOUP(2N)(D OR ALLAN))
S13          0    S9 AND S10 AND S11 AND S12
S14         65    S9:S12
S15          1    S14 AND S3
S16        155    S2(S)(S5 OR S8)
S17         48    S16(S)(S4 OR S6 OR S7)
S18         32    S17 NOT S17/2004:2010
S19         24    RD   (unique items)
S20          0    S2(S)S4(S)S5(S)(S6 OR S7)
S21          1    S2(S)S4(S)S8(S)(S6 OR S7)
S22         17    S2(S)S5(S)(S6 OR S7)
S23         15    S22 NOT S22/2004:2010
S24         13    RD   (unique items)
S25         24    S19 OR S24
```

 25/3,K/4   (Item 4 from file: 20)
DIALOG(R)File 20:Dialog Global Reporter
(c) 2010 Dialog. All rts. reserv.
08274628 (USE FORMAT 7 OR 9 FOR FULLTEXT)
Pediatric Immunization Management Simplified by PRISM Software
BUSINESS WIRE
November 17, 1999
JOURNAL CODE: WBWE   LANGUAGE: English   RECORD TYPE: FULLTEXT
WORD COUNT: 704

     ...CDC, state and federal requirements.
     PRISM, a product of Enterprises Computing Services, Inc. (ECS),
simplifies and enhances immunization management, allowing clinicians to
maximize time with patients while minimizing time performing
record keeping, reporting, and patient scheduling. It
automatically tracks immunizations, calculates due dates, controls vaccine
inventories, and prints all necessary reports and certificates easily. Key
benefits of PRISM Software include streamlining the process of immunization
management; saving valuable staff time and money; helping maintain
regularly scheduled patient visits; maintaining accurate immunization
history; and managing inventory.

 25/3,K/6   (Item 1 from file: 16)
DIALOG(R)File 16:Gale Group PROMT(R)
(c) 2010 Gale/Cengage. All rts. reserv.
09479332   Supplier Number: 83366342 (USE FORMAT 7 FOR FULLTEXT)

FEATURE/Keane Provides Immunization Registry for Ohio Department of Health;
  Provides Physicians Immediate Access to Vaccination Histories.
Business Wire, p2077
March 1, 2002
Language: English   Record Type: Fulltext
Document Type: Newswire; Trade
Word Count: 796

...   thorough immunization records. In addition, the systems provides a
literal 'shot in the arm' to our communities."
      The system provides physicians with the complete vaccination
history of all patients including adverse events, dates
of last immunization, and missed vaccines. Patient
records are updated real-time and personalized immunization
reports are emailed directly to health care providers. Immunization reports
are compiled online and vaccination scheduling is handled automatically
through reminder notifications sent via email and U.S. mail. The
system can also be easily adapted to include and track immunizations
administered in response to a possible...

 25/3,K/7   (Item 2 from file: 16)
DIALOG(R)File 16:Gale Group PROMT(R)
(c) 2010 Gale/Cengage. All rts. reserv.
05587422   Supplier Number: 48457803   (USE FORMAT 7 FOR FULLTEXT)
Baby Album Deluxe from Expert Software.
Business Wire, p5011129
May 1, 1998
Language: English   Record Type: Fulltext
Document Type: Newswire; Trade
Word Count: 853

...   medical
     history, doctor visits and immunization records. Reminders keep you in
the know about various types of immunizations and gives you doctors' age
recommendations regarding immunization scheduling.
     -- The Word Feature, allows parents to create a list of
vocabulary
     words and enter specific details surrounding the scenarios of those
once-in-a-lifetime moments. A word count keeps track of...

 25/3,K/12   (Item 1 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)
(c) 2010 Gale/Cengage. All rts. reserv.
02946471   SUPPLIER NUMBER: 108881290
Plenty of flu vaccine is available this year: production proceeding
  apace.(Infectious Diseases)
Splete, Heidi
Pediatric News, 37, 9, 8(1)
Sept,
2003
PUBLICATION FORMAT: Magazine/Journal   ISSN: 0031-398X LANGUAGE: English
RECORD TYPE: Fulltext TARGET AUDIENCE: Professional
WORD COUNT: 349   LINE COUNT: 00032

...   for this year, which will make life easier for physicians by giving
them maximal flexibility in their flu vaccination plans.
    Following a request from the Advisory Committee on Immunization
Practices (ACIP), the CDC--along with the Food and Drug
Administration and flu vaccine manufacturers--now reviews the
vaccine supply prior to flu season and advises physicians of
any delays or shortages. This annual review will help physicians decide
whether to prioritize their vaccination plans should delays or
shortages occur.
    When developing the tiered system in previous years, ACIP
indicated that at-risk target groups included:
    * Those aged 65 years or older.
    * Nursing home and other chronic...

 25/3,K/15   (Item 4 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)
(c) 2010 Gale/Cengage. All rts. reserv.
01826227   SUPPLIER NUMBER: 54099102   (USE FORMAT 7 OR 9 FOR FULL TEXT)
Pocket Guide to Pediatric Assessment, 3d ed.(Review)
Gilman, Cyrena
ANNA Journal, 26, 1, 52(1)
Feb,1999
DOCUMENT TYPE: Review   PUBLICATION FORMAT: Magazine/Journal; Refereed
ISSN: 8750-0779 LANGUAGE: English RECORD TYPE: Fulltext
TARGET AUDIENCE: Professional
WORD COUNT: 282   LINE COUNT: 00028

...   as hints for concluding the examination.
    Many tables, illustrations, and photographs serve to clarify points
made in the text. The interpretation of findings and clinical alerts
in the tables are particularly helpful. Appendices include the
developmental assessment, growth charts, immunization
schedules, and sample documentation of a child's health history.
    The information presented in this book will, indeed, be very
useful to both students and practicing nurses who perform physical
assessments of children as part of their...

 25/3,K/18   (Item 7 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)
(c) 2010 Gale/Cengage. All rts. reserv.
01602916   SUPPLIER NUMBER: 17434479   (USE FORMAT 7 OR 9 FOR FULL TEXT)
First vaccine for chickenpox. (includes related article on treatment for
  chickenpox)
Stehlin, Isadora B.
FDA Consumer, v29, n7, p6(5)
Sept,
1995
PUBLICATION FORMAT: Magazine/Journal   ISSN: 0362-1332 LANGUAGE: English
RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Trade
WORD COUNT: 2575   LINE COUNT: 00208

...   if you're younger. But two shots provide immune responses
comparable to what younger people get."

For children, the vaccine has been shown to be safe and
effective and can be administered at the same time as the measles, mumps
and rubella vaccine. (The MMR vaccine is given at 15 months and again
between 4 and 6 years or before junior high or middle school. See
"Kids' Vaccinations Get a Little Easier," in the March 1994 FDA
Consumer.) Public health officials hope that being able to give the
chickenpox vaccine along with an already scheduled vaccine will
encourage vaccination.
    Vaccine Development
    Varivax's development began with a sample of varicella
(chickenpox) virus isolated from the blood of a 3-year-old Japanese boy in
1972. Japanese researcher Michiaki Takahashi...

 25/3,K/19   (Item 8 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)
(c) 2010 Gale/Cengage. All rts. reserv.
01498909   SUPPLIER NUMBER: 16933073   (USE FORMAT 7 OR 9 FOR FULL TEXT)
Immunization update. (adapted from the Journal of the American Medical
  Association, March 1, 1995)
Pediatrics for Parents, p3(1)
Dec,
1994
PUBLICATION FORMAT: Newsletter   ISSN: 0730-6725   LANGUAGE: English
RECORD TYPE: Fulltext   TARGET AUDIENCE: Consumer
WORD COUNT: 280   LINE COUNT: 00022

    The generally accepted childhood immunization schedule changes for a
number of reasons. New vaccines are approved for use and have to be
integrated into the schedule also, researchers have found that vaccines are
effective at a younger age than previously thought.
    In this country, two groups propose immunization schedules: the
Advisory Committee on Immunization Practices and the Committee on
Infectious Diseases of the American Academy of Pediatrics. Recently these
two groups, after consultation with other groups including the American
Academy of Family Physicians, developed the latest recommended
childhood immunization schedule.
    How long this schedule will be considered the optimum is
unknown. New vaccines, new research, doctors preferences, and parental
acceptance of the costs and number of immunizations given at...

 25/3,K/21   (Item 10 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)
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01193182   SUPPLIER NUMBER: 08070193   (USE FORMAT 7 OR 9 FOR FULL TEXT)
Immunization update '89. (1989 Canadian Immunization Guide; includes
  related articles on measles and immunization, etc.)
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...   per cent claiming they had been vaccinated. But some vaccination
records were missing, possibly inaccurate or didn't state the vaccine lot

used. The National Advisory Committee on Immunization (NACI) of
Health and Welfare Canada regards the elimination of measles in Canada as a
top priority. To achieve it, a high rate of immunization must be reached
and kept up. The recent outbreaks highlight the pressing need for more
widespread immunization, especially among school children. Alerting
symptoms of measles include: fever (38.3[degrees]C or higher), runny nose,
red eyes, cough, white spots inside the mouth (hard to see), and immunized
on schedule. During an outbreak, measles vaccination within
three days of exposure can usually prevent the illness from
developing, and may even be considered for infants as young as six
months (although they'd need re-vaccination soon after their first
birthday). Side effects...

...transient swelling and redness at the injection site and fever in 15 per
cent of vaccine recipients five to 12 days after vaccination. NACI
recommends documented proof of immunity for all children on
entry to day care centres and schools or similar settings. In jurisdictions
where voluntary programs are ineffective, legislation should be introduced.
Such legislation does not force immunization. It simply requires a choice
of action: show proof of previous immunization or of having had
the disease; be immunized now; get medical exemption; or lastly, sign
a philosophic-religious exemption form. Children in the last two categories
might be excluded from school during an...

...immunized this is not high enough to prevent measles epidemics -- it
must approach 95 per cent to effectively stop its spread. People should
keep a record of their own and their children's immunization
history -- what shots they've had and when. While current guidelines
have not yet been revised, people should be revaccinated against measles if
unsure whether or not they have had the disease or been vaccinated in
the past. (Re-immunization with the modern vaccine poses no
risks.) Pregnant women are advised against all live vaccines,
including measles, which could theoretically harm the fetus....

TEXT:
...   environment that could influence his or her health (smokers living
in household and ownership of a smoke detector(s), telephone service, a
car, and age-appropriate child safety restraints). A color
photograph of each baby was also taken for use on the calendar. Following
the enrollment interviews, participants signed up for one of four focus
group interviews to be held the following week. During the focus groups,
each participant received two tailored monthly immunization

calendars. Four months later, participants were interviewed and their babies' medical records reviewed to determine current immunization status.

Intervention. Computer tailoring is based up theories and empirical evidence suggesting that people pay more attention to personally relevant information.(9,10) Studies have...